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**CODE
OF
FEDERAL REGULATIONS
TITLE 42—PUBLIC HEALTH**



**FEDERAL SECURITY AGENCY
UNITED STATES PUBLIC HEALTH SERVICE**

~~Lt. Col John C. Fitzpatrick~~
~~M.C. U.S. Army~~

~~from~~
~~Reuben Swin Surgeon~~
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~~October 16, 1943.~~

CODE OF FEDERAL REGULATIONS

TITLE 42—PUBLIC HEALTH

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FEDERAL SECURITY AGENCY

UNITED STATES PUBLIC HEALTH SERVICE



**UNITED STATES
GOVERNMENT PRINTING OFFICE
WASHINGTON: 1940**

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PREFACE

An act of Congress approved June 19, 1937 (50 Stat. 304; U. S. C. Sup. 311), required the preparation of a "Complete Codification" of all regulations having "general applicability and legal effect," which had been issued or promulgated by any Federal agency and were "relied upon by the agency as authority for, or invoked or used by it in the discharge of any of its functions or activities."

This Code of Federal Regulations was duly compiled and has been printed in an extensive series of volumes, but the size of this set of books and the consequent high cost has, of course, caused the distribution to be rigidly restricted.

The Public Health portion of this code brought together, under title 42, all of the service regulations having "general applicability and legal effect" which had been promulgated prior to June 1, 1938, and it has been thought desirable to reprint this portion as a separate publication in order to increase its field of usefulness through an appropriate distribution to suitable field stations and to other applicants who have a real need for the information it contains. The present volume is the result and copies will be furnished, within the limits of the available supply, to those who submit requests therefor supported by a sufficient statement of reasons showing why the publication is desired.

Supplements, calculated to bring the data as nearly as possible up to date, will be issued annually when the necessary material is made available by the Office of the Federal Register, and each supplement will cover one calendar year.

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CROSS REFERENCES

Canal Zone regulations governing sanitation, health, and quarantine: See Panama Canal, 35 CFR Part 24.

Immigration and Naturalization Service regulations relating to duties of medical officers detailed for duty under immigration laws, and hospital treatment of aliens: See Aliens and Citizenship, 8 CFR Part 16.

Office of Indian Affairs regulations relating to the hospital and medical care of Indians: See Indians, 25 CFR Parts 84, 85.

Regulations of the United States Employees' Compensation Commission relating to the furnishing of medical treatment: See Employees' Benefits, 20 CFR Parts 2, 22.

Veterans' Administration regulations relating to medical care of veterans: See Pensions, Bonuses, and Veterans' Relief, 38 CFR Part 25.

War Department regulations relating to contract surgeons, civilian veterinarians, and the appointment of commissioned officers: See Army: War Department, 10 CFR Parts 72, 73.

CHAPTER I—UNITED STATES PUBLIC HEALTH SERVICE

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SUPPLEMENTAL PUBLICATIONS

Biological products, establishments licensed for the propagation and sale of viruses, serums, toxins, and analogous products, Public Health Service. Reprint 1856 from Public Health Reports, Sept. 3, 1937.

Drinking water standards, Public Health Service. Reprint 1029 from Public Health Reports, Apr. 10, 1925.

Enforcement of regulations relating to interstate travel of venereally infected persons, Public Health Service. Reprint from Venereal Disease Information, Dec. 20, 1923.

Marine hospitals and beneficiaries of the Public Health Service, Public Health Service. Reprint 1755 from Public Health Reports, June 19, 1936.

The public health program under Title VI of the Social Security Act, Public Health Service. Supp. 126, 1937.

Radio pratique, pratique by wireless in lieu of quarantine inspection for passenger vessels, Public Health Service. Reprint 1820 from Public Health Reports, Apr. 23, 1937.

The United States Public Health Service as a career, information for persons desiring to enter the regular commissioned corps, Public Health Service. Reprint 1414 from Public Health Reports, Sept. 19, 1930.

United States Public Health Service decision 7, under section 63 of the regulations for the sale of viruses, serums, toxins, and analogous products [§ 22.88], The Surgeon General, Public Health Service. Rev., Jan 1, 1937.

For list of abbreviations used in this chapter, see note to § 1.1.

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¹ Section 1 of the Act of July 1, 1902, 32 Stat. 712, provides, in part, that "the United States Marine-Hospital Service shall hereafter be known and designated as the Public Health and Marine-Hospital Service of the United States, and the Supervising Surgeon General * * * shall hereafter be known as the Surgeon General * * *." Section 1 of the Act of August 14, 1912, 37 Stat. 309 (42 U.S.C. 1), provides, in part, that "the Public Health and Marine-Hospital Service of the United States shall hereafter be known and designated as the Public Health Service * * *." Section 1 of the Act of May 26, 1930, 46 Stat. 379 (42 U.S.C. 23a), provides, in part, that "the Hygienic Laboratory of the Public Health Service shall hereafter be known as the National Institute of Health * * *."

CROSS REFERENCES

Civil Service Commission regulations relating to officers of the United States Public Health Service and their exemption from the operation of the Executive Order of January 17, 1873, as amended: See Administrative Personnel, 5 CFR 1.104 (m).

Civil Service Commission regulations relating to the exemption of certain personnel of the Public Health Service from classification under Civil Service Rule II: See Administrative Personnel, 5 CFR 50.3 (c), (d), (g), (j).

SPECIALISTS IN SCIENTIFIC RESEARCH

Section 1.1 Appointment. Officers appointed under the authority of section 7 of the Act approved April 9, 1930, shall be placed in grades according to the service requirements, but no such officer shall be appointed until after passing an examination in his specialty comparable to the examination prescribed by the regulations in this part for the grade to which appointed.† (Sec. 9, 32 Stat. 714, sec. 7, 46 Stat. 151; 42 U.S.C. 3, 41) [Par. 27]

†The source of §§ 1.1 to 1.85, inclusive, is Regulations, United States Public Health Service, Treasury Department, approved by the President, June 18, 1931.

ABBREVIATIONS: The following abbreviations are used in this chapter:

Amdt.	Amendment.
C.	Centigrade.
cc.	cubic centimeters.
Dept. circ.	Department circular, Secretary of the Treasury.
E. O.	Executive order.
F. Q. Div. circ.	Foreign Quarantine Division unnumbered circular.
g.	gram.
kg.	kilogram.
mg.	milligram.
Sec. Treas.	Secretary of the Treasury.
Surg. Gen.	Surgeon General.

1.2 Second examination prohibited. An applicant for appointment under the provisions of section 7 of the Act approved April 9, 1930, failing at one examination shall not be allowed a second examination.† (Sec. 9, 32 Stat. 714, sec. 7, 46 Stat. 151; 42 U.S.C. 3, 41) [Par. 49]

GRADE OF ASSISTANT SURGEON OR PASSED ASSISTANT SURGEON IN REGULAR CORPS; APPOINTMENT

1.11 Application for examination. Graduates in medicine, dentistry, engineering (sanitary engineering course), or pharmacy desirous of undergoing examination for appointment to the grade of assistant surgeon or passed assistant surgeon in the Public Health Service must make application addressed to the Surgeon General in their own handwriting, requesting permission to appear before the board of examiners. Applicants for commission shall state their age, date and place of birth, present legal address, and whether a citizen of the United States, and the name of the professional school or college of which they are graduates, and furnish a recent photograph and at least two testimonials as to their professional and moral character. Applicants of foreign birth must furnish proof of United States citizenship.*† [Par. 23]

*§§ 1.11 to 1.47, inclusive, issued under the authority contained in sec. 1, 25 Stat. 639, sec. 9, 32 Stat. 714, sec. 4, 46 Stat. 150; 42 U.S.C. 12, 3, 38.

†For source citation, see note to § 1.1.

1.12 Fitness tests; relative values. (a) All physical, academic, professional, and general fitness examinations for appointment in the grade of assistant surgeon or passed assistant surgeon shall be conducted by the said board of officers,² and the order of the examination shall be as follows:

- (1) Physical.
- (2) Academic.
- (3) Professional.
- (4) General fitness (including aptitude, experience, and moral character).

(b) The academic, professional, and general fitness tests shall have the following relative values in determining the final grade of a candidate:

(1) Academic.....	10
(2) Written professional.....	50
(3) Oral professional.....	15
(4) General fitness.....	25

*† [Par. 35]

100

1.13 General educational test. The general educational test for applicants for appointment to the grades of assistant surgeon and passed assistant surgeon shall comprise documentary evidence and oral questions. The documentary evidence shall include the candidate's diploma from a professional school, or a certified copy thereof, at least two testimonials as to scholarship and moral character, and an autobiography of a prescribed form showing the high school and institution or college at which he received his general education, giving the years in each and the academic degrees received, if any; the branches studied in the several institutions or colleges, including those in which he majored or at which he received special instruction independent of his undergraduate work; the exact title of the professional school or schools at which he received instruction and the date of graduation; the opportunities he has had for engaging in the practice of his profession or receiving clinical instruction since graduation, including any internship or residencship in a civil or military hospital, any public-health work in an office, laboratory, or in the field, any connection with a public institution, public or private laboratory, or other establishment for purposes of training and experience; the general standing in his classes in high school, college, and professional school, and any honors received; the nature of any remunerative employment in the past and any experience in the practice of his profession; the extent of his travels; and any other experience tending to show his general fitness for appointment. The oral test shall comprise questions to show his general knowledge, especially of literature, current events, and public affairs. The board may terminate the examination of a candidate if it appears that he is deficient.*† [Par. 37]

1.14 Test for general fitness and aptitude. The test to determine a candidate's general fitness for appointment in the grades of

² Par. 33 of the Regulations for the Government of the United States Public Health Service, approved by the President June 18, 1931, provides for the convening of examining boards.

assistant surgeon and passed assistant surgeon shall comprise documentary evidence, oral questions, and such special inquiries at places distant from the seat of examinations as may be directed by the Surgeon General. In determining aptitude and fitness the investigation of the candidate shall include inquiry into his judgment and common sense, general intelligence, force, tact, initiative, personal appearance, possible administrative and executive ability, and general dependability.*† [Par. 42]

1.15 Bases of final selection. The passing of an examination shall not be considered as giving assurance of a permanent appointment. Vacancies as they arise in the regular corps shall be filled by selection by the Surgeon General from among the successful candidates, their selection to be based on seniority as determined by the date of the completion of their examination, and their relative standing on the merit roll reported by the board of examiners.*† [Par. 44]

1.16 Period of eligibility and re-examination. No qualified applicant will be eligible for appointment more than 1 year. If not appointed within that time he may be re-examined, unless he has passed the limit of age provided in §§ 1.21, 1.31 when, if successful, he will take position with the class last examined.*† [Par. 47]

1.17 Unsuccessful applicant; second examination. An applicant for appointment to the grade of assistant surgeon or passed assistant surgeon under §§ 1.11, 1.21, 1.31, 1.41 failing at one examination may be allowed a second examination after 1 year if he has not passed the limits of age as provided in these sections, but he shall not be allowed a third examination.*† [Par. 49]

GRADE OF ASSISTANT SURGEON; APPOINTMENT

1.21 Eligibility. No applicant shall be eligible to appear before a board of examiners for appointment in the grade of assistant surgeon whose age is less than 23 years or more than 32 years, and, as a preliminary to a recommendation by the Surgeon General for appointment, the applicant must have had at least seven years of educational (exclusive of high school) and professional training, or experience equivalent thereto; and shall have graduated from a reputable professional school granting a degree in medicine, dentistry, engineering (sanitary engineering course), or pharmacy. In addition, the applicant must have passed a satisfactory physical, academic, and professional examination before a board of commissioned officers of the regular corps. The applicant must submit to the board a recent photograph of himself, and his diploma from the professional school from which he graduated or a certified copy thereof.*† [Par. 25]

1.22 Written professional tests and laboratory demonstrations. (a) The written professional tests shall consist in case of candidates for appointment as assistant surgeon of questions in (1) anatomy, (2) physiology, (3) chemistry, (4) materia medica and therapeutics, (5) practice of medicine, (6) practice of surgery, (7) obstetrics and gynecology, (8) hygiene, (9) pathology and bacteriology, (10) reports on selected cases at a hospital. These hospital cases will be selected

*For statutory citation, see note to § 1.11.

†For source citation, see note to § 1.1.

by the examiners so as to give at least four—two medical and two surgical. In the discretion of the examiners, candidates will be required to give laboratory demonstrations in pathology and bacteriology and to perform such surgical operations on cadavers as may be directed.

(b) In the case of candidates for appointment as assistant dental surgeon the tests shall consist of questions in (1) anatomy, (2) physiology, (3) chemistry and metallurgy, (4) pathology and bacteriology, (5) materia medica, (6) oral surgery, (7) hygiene and radiology, (8) operative dentistry, (9) prosthetic dentistry, (10) clinic and laboratory. Candidates for appointment as assistant dental surgeon will be required to give clinical and laboratory demonstrations.

(c) In the case of candidates for appointment as assistant sanitary engineer the tests shall consist of questions in (1) chemistry, (2) bacteriology and planktology, (3) mathematics, (4) physics, (5) hydraulics, (6) design and construction of sanitary projects, (7) heating, lighting, and ventilation, (8) water and sewage treatment, (9) sanitary science and public health, (10) practical problems and laboratory demonstrations. Candidates for appointment as assistant sanitary engineer will be required to outline plans for sanitary projects and give demonstrations.

(d) In the case of candidates for appointment as assistant pharmacist the tests will consist of questions in (1) chemistry, (2) practice of pharmacy, (3) materia medica, including pharmacodynamics, (4) pharmacognosy, (5) physics, (6) toxicology, (7) food and drug analysis, (8) physiology and hygiene, (9) business management, including accounting, (10) practical dispensing and laboratory procedures. The candidates for appointment as assistant pharmacist will be required to give laboratory demonstrations in pharmacy.*† [Par. 38]

1.23 Oral professional test. The oral professional test for the grade of assistant surgeon shall consist of such inquiries as may tend to reveal the candidate's studentship, predilection for any specialty, experience, and ability to apply his professional knowledge.*† [Par. 40]

GRADE OF PASSED ASSISTANT SURGEON ; APPOINTMENT

1.31 Eligibility. No applicant shall be eligible to appear before a board of examiners for appointment in the grade of passed assistant surgeon whose age is more than 39 years, and, as a preliminary to recommendation by the Surgeon General for appointment, the applicant must have had the educational and professional training, or experience equivalent thereto, required for the grade of assistant surgeon, and in addition he must have had 2 years' post-graduate instruction, research, or teaching in some specialized branch of medicine, dentistry, sanitary engineering, or pharmacy, and at least 2 years' practice in his specialty. In addition, the applicant must have passed a satisfactory physical, academic, and professional examination before a board of commissioned officers of the regular corps. The applicant must submit to the board a recent photograph of himself, and his diploma from

the professional school from which he graduated or a certified copy thereof.*† [Par. 26]

1.32 Written professional tests and practical examinations.

Candidates for appointment in the grade of passed assistant surgeon, in addition to satisfying the board that they are proficient in the subjects required for appointment in the grade of assistant surgeon, shall be required to pass written professional tests in the following subjects:

(a) For passed assistant surgeon, in (1) practice of medicine, (2) practice of surgery, (3) hygiene, (4) epidemiology, (5) pathology and bacteriology, (6) questions in the subject in which he has had postgraduate instruction, research, or teaching experience.

(b) For passed assistant dental surgeon, in (1) oral surgery, (2) pathology and bacteriology, (3) hygiene, (4) operative dentistry, (5) prosthetic dentistry, (6) questions in the subject in which he has had postgraduate instruction, research, or teaching experience.

(c) For passed assistant sanitary engineer, in (1) applied chemistry and biology, (2) hygiene and epidemiology, (3) design of sanitary projects, (4) public health engineering practice relating to water, sewage, and waste, (5) public health engineering, general, (6) questions in the subject in which he has had postgraduate instruction, research, or teaching experience.

(d) For passed assistant pharmacist, in (1) pharmaceutical chemistry, (2) materia medica, (3) practice of pharmacy, (4) toxicology and posology, (5) general accountancy, (6) questions in the subject in which he has had postgraduate instruction, research, or teaching experience. In addition the board shall examine the applicant by such written, oral, and practical examinations in such other branches of medicine, dentistry, sanitary engineering, or pharmacy as it may see fit.*† [Par. 39]

1.33 Oral professional test. The oral professional test for the grade of passed assistant surgeon shall consist of such inquiries as may tend to reveal the candidate's record and training in his specialty and his fitness for entrance into the Service, together with his experience and ability to apply his professional knowledge.*† [Par. 41]

COMMISSIONED OFFICERS; APPOINTMENT

1.41 False statements. Any applicant for appointment who shall submit false testimonials as to his character, or who shall give a false certificate of age, or make any false statement in his application or to the board of examiners shall be disqualified for appointment; or if appointed before such false statement is discovered shall be dismissed from the Service.*† [Par. 24]

1.42 Scale of grades in examinations. The maximum grade in any one subject in an examination for appointment shall be 100. The minimum passing grade in the academic and oral professional tests shall be 70, and in the aggregate written professional and in general fitness tests, 80. No candidate shall be recommended for appointment who fails to receive an average grade of 80 in the final ratings arrived at in the manner set forth in § 1.12.*† [Par. 43]

*For statutory citation, see note to § 1.11.

†For source citation, see note to § 1.1.

1.43 Appointees subject to change of station. Commissioned officers will not be appointed to any particular station, but to general service. They will be subject to change of station as the exigencies of the Service may require and shall serve wherever assigned to duty.*† [Par. 32]

1.44 Statement by applicant concerning mental and physical fitness. Applicants shall be required to give explicit statements upon a blank form, which shall be furnished them for that purpose, of any severe illness or injury and the cause of death of near relatives, and certify that they believe themselves free from any acquired or inherited ailment—mental or physical—or defect which would disqualify them for active service in any climate.*† [Par. 36]

1.45 Certificate by appointee of mental and physical fitness since passing examination. Before taking the oath of office a successful candidate shall certify to the Surgeon General that he is suffering from no mental or physical disease or defect incurred since the completion of his examination, and that he is able and willing to serve in any climate.*† [Par. 48]

1.46 Rejection of applicant by board of examiners. When an applicant for appointment is found to be deficient to a marked degree in his preliminary education or has shown by his papers on the four major branches during the progress of his examination that he is deficient to such an extent that it would be impossible for him to reach the required general average for all branches, the board of examiners may, in its discretion, reject this applicant without further examination.*† [Par. 50]

1.47 Withdrawal of applicant from examination. Before the applicant has demonstrated his inability to pass the examination the board, in its discretion, may accord the applicant privilege to withdraw without prejudice.*† [Par. 51]

COMMISSIONED OFFICERS OF RESERVE CORPS; APPOINTMENT

1.51 Application for examination. Citizens of the United States desirous of undergoing examination for appointment and commission in the reserve of the Public Health Service must make an application in their own handwriting requesting permission to appear before a board of examiners. An applicant for examination shall state his age, date and place of birth, whether married or single, and if married, the date of marriage and maiden name of his wife; the names and dates of birth of his children, if any; present legal residence, and whether he is a citizen of the United States; give the names of the schools or colleges of which he is a graduate; furnish testimonials from at least two persons as to his professional and moral character, and submit a recent photograph of himself. An applicant of foreign birth must furnish proof of American citizenship.**† [Par. 72]

**§§ 1.51 to 1.58, inclusive, issued under the authority contained in 40 Stat. 1017; 42 U.S.C. 18.

1.52 Appointees subject to call and must serve wherever ordered. Officers commissioned and appointed under the Reserve Act

will not be appointed to any particular station, but to the general service. They shall at all times be subject to call to active duty and shall serve wherever ordered to duty.*† [Par. 73]

1.53 Order of examination. A physical, academic, and professional examination for appointment shall be conducted by the board of commissioned officers convened under paragraph 74 of the Regulations for the Government of the United States Public Health Service, approved by the President June 18, 1931, and the order of examination shall be:

(a) Physical.

(b) Academic.

(c) Professional.

(d) Personal (including general aptitude and moral fitness).*† [Par. 75]

1.54 Statement by applicant concerning mental and physical fitness. Applicants shall be required to give explicit statements upon a blank form which shall be furnished them for that purpose of any severe illness or injury from which they have suffered and certify in detail as to any acquired or inherited ailment or defect, mental or physical.*† [Par. 76]

1.55 Termination for educational deficiency. The board shall examine into the general education of the applicant and may terminate his examination if it appears that he is deficient therein.*† [Par. 78]

1.56 Autobiography of applicant. The examination of applicants for appointment shall begin with a short autobiography of the applicant, in which he shall state concisely: The date and place of his birth; whether single or married, and if married the date of marriage and the maiden name of his wife; the names and dates of birth of his children, if any; the school, institution, or college at which he received his general education; the several branches studied, including his knowledge of general literature and of the ancient and modern languages; the exact title of the professional school or schools at which he received instruction and the date of his graduation; the time when he commenced the study of his profession; the experience he has had in the practice of his profession, and in public health work, if any. The applicant shall append to this statement his name in full, post-office address, and his local address at the date of examination.*† [Par. 79]

1.57 Professional examination. The professional examination of applicants for commission shall consist of questions on the several branches of their profession or the consideration of evidence submitted by the applicants as to professional training and experience, including professional papers and documents relating to positions of honor and trust previously held.*† [Par. 80]

1.58 General aptitude inquiries. The examination shall further consist of such inquiries as may tend to show the general aptitude of the person for the special duties required of a commissioned officer in the Service and to show his moral qualifications for the position of trust and responsibility which he will assume if appointed.*† [Par. 81]

*For statutory citation, see note to § 1.51.

†For source citation, see note to § 1.1.

INTERNES

1.61 Appointment; certificate of service. Internes will be appointed by the Secretary of the Treasury, upon the recommendation of the Surgeon General, after passing a satisfactory physical examination conducted by the medical officers in charge of the stations to which they are to be assigned to duty, or by the officers designated by the Surgeon General for that purpose. At the expiration of 1 year's satisfactory service and upon the recommendation of the officer in charge the Surgeon General will issue a certificate of such service.† (Sec. 9, 32 Stat. 714, sec. 11, 46 Stat. 152; 42 U.S.C. 3, 40) [Par. 95]

1.62 Qualifications. Applicants for the position of interne must have successfully completed the work of the senior year in a reputable medical or dental college or be graduates of reputable medical or dental colleges and must furnish satisfactory certificates relative to their moral character and professional ability. No applicant will be appointed interne who is under 22 or over 30 years of age.† (Sec. 9, 32 Stat. 714, sec. 11, 46 Stat. 152; 42 U.S.C. 3, 40) [Par. 96]

NATIONAL INSTITUTE OF HEALTH

1.71 Appointment of division chiefs. The chiefs of the divisions shall be commissioned officers of the Service detailed by the Surgeon General for that purpose, except that when commissioned officers are not available for such duty other competent persons may be appointed by the Secretary upon the recommendation of the Surgeon General, to be chiefs of divisions.† (Secs. 6, 9, 32 Stat. 713, 714; 42 U.S.C. 3, 22) [Par. 862]

1.72 Designation and salary range of division chiefs. The chiefs of divisions, other than commissioned officers, especially appointed as provided in § 1.71 shall be designated as professors of the respective sciences over which they have supervision; their pay shall be from \$6,000 to \$7,500 per annum as fixed by the Secretary of the Treasury upon recommendation of the Surgeon General.† (Secs. 6, 9, 32 Stat. 713, 714; 42 U.S.C. 3, 22) [Par. 885]

1.73 Disposal of specimens. All specimens of whatever nature sent to the institute, or to any officer or employee in the institute, shall become the property of the institute.† (Sec. 9, 32 Stat. 714; 42 U.S.C. 3) [Par. 873]

NATIONAL ADVISORY HEALTH COUNCIL

1.81 Appointment. The National Advisory Health Council shall consist of 14 members, three of whom shall be competent experts to be detailed from the Army, Navy, and the Bureau of Animal Industry by the Surgeon General of the Army, the Surgeon General of the Navy, and the Secretary of Agriculture, respectively, which experts, with the director of the institute, shall be ex officio members of the council and serve without additional compensation. The 10 other members of the said council shall be appointed by the Secretary of the Treasury upon the recommendation of the Surgeon General from rep-

representatives of the public health profession and not in the regular employment of the Government.*† [Par. 891]

*§§ 1.81 to 1.85, inclusive, issued under the authority contained in secs. 5, 9, 32 Stat. 713, 714, sec. 13, 46 Stat. 152; 42 U.S.C. 3, 21.

1.82 Term of service. The term of service of the 10 members of said council not in the regular employment of the Government shall be for a period of 5 years, except that of those first appointed two members shall retire each year: Provided, That when a member has served for a full term of 5 years he shall not be reappointed within 1 year.*† [Par. 892]

1.83 Duties. The duties of the National Advisory Health Council shall be to consult with the Surgeon General relative to investigations proposed or being conducted at the National Institute of Health and in addition thereto, shall advise the Surgeon General in respect to public health activities.*† [Par. 893]

1.84 Conferences. Conferences of the National Advisory Health Council shall not exceed 10 days in any 1 fiscal year.*† [Par. 894]

1.85 Compensation. The 10 members of the National Advisory Health Council not in the regular employment of the Government shall each receive compensation of \$10 per diem while serving in conference, together with allowance for actual and necessary traveling expenses and hotel expenses while in conference.*† [Par. 895]

PART 2—MEDICAL RELIEF

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2.1	Persons eligible.	2.34	Procedure in case of doubtful eligibility.
2.2	Commissioned officers to examine seamen, cadets, and enlisted men, as to physical condition.	2.35	Absence of 60 days from last employment.
2.3	Commissioned officers to examine applicants for pilot's license.	2.36	Signature of applicant on master's certificate required.
2.4	Fees prohibited.	2.37	Discharge of ineligible applicant.
2.5	Prevention of spread of disease in interstate traffic.	2.38	Application after 2 months' continuous treatment at out-patient office.
2.6	Disinfection of vessels on account of tuberculosis.	2.39	During a voyage.
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2.21	Exceptions.	2.41	Reimbursement prohibited.
2.22	Seamen from wrecked vessels.	2.42	While confined by local authorities.
2.23	Proof of eligibility.	2.43	Taken sick or injured while employed.
2.24	Master's certificate and discharges required for proof.	2.44	Certificate of discharge as right to further relief.
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2.29	Interval in seafaring service as affecting eligibility.		
2.30	Closure of navigation.		
2.31	Time under treatment.		
2.32	Oath of applicant in support of claim.		

*For statutory citation, see note to § 1.81.

†For source citation, see note to § 1.1.

Sec.		Sec.	
2.52	Detained immigrants.	2.77	Neuro-psychiatric patients; restraint.
2.53	For study of diseases affecting public health.	2.78	Neuro-psychiatric patients with dangerous tendencies.
2.54	Lepers; regulations by Secretary and instructions by Surgeon General.	2.79	Transfer of psychopathic patients.
2.55	Patients of Veterans' Administration, foreign seamen, and others.	2.80	Female nurse to accompany female psychopathic patient.
	Hospitalization	2.81	Patients with communicable diseases; segregation.
2.61	Admittance to hospitals.	2.82	Observance of State and local requirements by officers.
2.62	In contract hospitals.	2.83	Operative procedures; consent of patient.
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		2.105	Money and valuables to be sent by registered mail or express.
		2.106	Unclaimed money and effects.

GENERAL PROVISIONS

Section 2.1 Persons eligible. The following persons are entitled to the benefits of the Service as hereinafter prescribed:

(a) Persons (hereafter designated as American seamen) employed on board in the care, preservation, or navigation of any registered, enrolled, or licensed vessel of the United States, or in the service on board of those engaged in such care, preservation, or navigation.

(b) Persons detained in hospitals of the Public Health Service under the immigration laws and regulations.

(c) Patients of the Veterans' Bureau (Veterans' Administration).

(d) Lepers.

(e) Pay patients designated as such under departmental authority.

(f) Mental hygiene division beneficiaries.

(g) Officers, cadets, and enlisted men of the United States Coast Guard, active and retired, including those on shore duty and those on detached duty, and dependent members of families of officers and enlisted men.† (Secs. 1, 9, 32 Stat. 712, 714; 42 U.S.C. 6, 3. Sec. 2, 39 Stat. 873; 42 U.S.C. 133. Secs. 6, 7, 11, 12, 13, 45 Stat. 1086-1088; 21 U.S.C. 226, 227, 231, 232, 233. R.S. 4805, secs. 3, 5, 6, 18 Stat. 485,

486, sec. 1, 40 Stat. 644; 24 U.S.C. 1, 11, 11a, 193. R.S. 4804; 24 U.S.C. 12. Sec. 1, 40 Stat. 1302; 24 U.S.C. 26. R.S. 4803, sec. 15, 23 Stat. 57, sec. 1, 33 Stat. 1217; 24 U.S.C. 26a. 49 Stat. 1185; 42 U.S.C., Sup., 6a. Sec. 2, 50 Stat. 548; 24 U.S.C., Sup., 8) [Par. 603, amdt. 3, Dec. 27, 1937, 3 F.R. 25]

†The source of §§ 2.1 to 2.106, inclusive, (except for amendments noted in the text,) is Regulations, United States Public Health Service, Treasury Department, approved by the President, June 18, 1931.

CROSS REFERENCES: For regulations relating to the medical care of lepers, see Part 3. For Immigration and Naturalization Service regulations relating to the hospital care for aliens being detained under immigration laws, see 8 CFR Part 16. For regulations of the Veterans' Administration relating to the hospital and medical care of veterans, see 38 CFR Part 25.

2.2 Commissioned officers to examine seamen, cadets, and enlisted men, as to physical condition. Commissioned medical officers will, upon the application of the United States shipping commissioner, or of the master or owner of any United States vessel engaged in the foreign, coastwise, or inland navigation trade, examine as to his physical condition any seaman brought to them for that purpose, and will give a certificate as to his fitness or unfitness for service. They will physically examine, in accordance with existing regulations governing physical examinations, any foreign seamen sent them for that purpose by the duly authorized agent of a foreign line or by the consul representing the nation to which the vessel belongs, for which a fee of \$1 in each case shall be collected and deposited with a collector of customs in accordance with the regulations. Officers will also, upon the written application of the proper authority, examine without charge cadets, enlisted men, and persons desiring to enlist in the Coast Guard, Lighthouse Service, and the Coast and Geodetic Survey, and instruct them in the mode of resuscitating persons apparently drowned, and rendering first aid to the injured. Applicants selected for appointment to civil service positions and civil service employees will be examined physically upon request of the proper authority. No fee will be charged for these services.*† [Par. 177]

*§§ 2.2 to 2.106, inclusive, issued under the authority contained in sec. 9, 32 Stat. 714; 42 U.S.C. 3. Additional statutory provisions noted in parentheses at the end of particular sections are applicable to such sections.

CROSS REFERENCES: For civil service regulations relating to the authority for physical examination for applicants and employees in the classified service, see 5 CFR 5.106. For civil service regulations requiring medical examination report to accompany application for retirement, see 5 CFR 53.105.

2.3 Commissioned officers to examine applicants for pilot's license. Whenever officially requested by the local inspectors of steam vessels or other proper officers, commissioned officers will examine applicants for pilot's license as to sense of hearing, color perception, and general visual capacity, and will give a certificate accordingly.*† [Par. 179]

2.4 Fees prohibited. No fee will be charged by any officer of the Public Health Service for the medical examination or professional treatment of beneficiaries of the Public Health Service, or for making a certificate as to their physical condition, and no officer shall accept a fee for professional service relating to the public unless specific authority is granted therefor.*† [Par. 180]

*For statutory citation, see note to § 2.2.

†For source citation, see note to § 2.1.

2.5 Prevention of spread of disease in interstate traffic. Upon the outbreak of smallpox at or near a station of the Service commissioned medical officers will vaccinate such beneficiaries of the Service as may present themselves for the purpose, and officers are authorized at all times to visit vessels to examine and vaccinate crews. Other appropriate measures for the prevention of the spread of disease in interstate traffic may also be taken, but the Surgeon General shall be kept informed as to the officers' activities in this regard.*† [Par. 186]

CROSS REFERENCES: For regulations relating to foreign and interstate quarantine in prevention of spread of disease, see Parts 11, 12. For Immigration and Naturalization Service regulation requiring ship's surgeon to report all injuries, diseases, illnesses, births, and deaths developing during voyage, see § CFR 2.15.

2.6 Disinfection of vessels on account of tuberculosis. When a seaman applies for relief and a diagnosis of tuberculosis is made in his case, the medical officer shall, upon request, when practicable, disinfect such parts of the vessel, or vessels, upon which the seaman was employed, as may probably have been infected by said seaman.*† [Par. 190]

CROSS REFERENCE: For quarantine regulations relating to the disinfection of vessels, see § 11.26.

ELIGIBILITY OF AMERICAN SEAMEN

2.21 Exceptions. American seamen shall be entitled to the benefits and facilities of the marine hospitals and other relief stations of the Service. No person employed in or connected with the navigation, management, or use of vessels under 5 tons, or canal boats engaged in the coasting trade, shall, by reason thereof, be entitled to any benefit or relief from the Service.*† [Par. 604]

2.22 Seamen from wrecked vessels. Sick or disabled seamen taken from wrecked vessels of the United States returned to the United States from foreign ports by the United States consular officers, if sick or disabled at the time of their arrival in a port of the United States, shall be entitled to the benefits of the Service without reference to length of service.*† [Par. 606]

2.23 Proof of eligibility. A sick or disabled seaman, in order to obtain the benefits of the Service, must apply in person, or by proxy if too sick or disabled so to do, at the office of the Public Health Service, to an officer of that Service, or to the proper customs officer acting as the agent of the said Service at stations where no medical officer is on duty, and must furnish satisfactory evidence that he is entitled to relief under the regulations in this part.*† [Par. 607]

2.24 Master's certificate and discharges required for proof. Master's certificates and discharges from United States shipping commissioners, made out and signed in proper form, showing that the applicant for relief has been employed for 60 days of continuous service "in a registered, enrolled, or licensed vessel of the United States," a part of which time must have been during the 60 days immediately preceding his application for relief, shall entitle him to treatment.

The phrase "60 days of continuous service" shall not be held to exclude seamen whose papers show brief intermissions between short services that aggregate the required 60 days, provided that any such intermission does not exceed 60 days.*† [Par. 608]

2.25 Evidence in lieu of master's certificate. The certificate of the owner or accredited commercial agent of a vessel as to the facts of the employment of any seaman on said vessel may be accepted as evidence in lieu of the master's certificate in cases where the latter is not procurable.*† [Par. 609]

2.26 Master must furnish certificate of employment. Masters or owners of documented vessels of the United States shall, on demand, furnish any seaman who has been employed on such vessel a certificate of the length of time said seaman has been so employed, giving the dates of such employment. This certificate will be filed at the station where application is made for relief, if relief is furnished.*† [Par. 610]

CROSS REFERENCE: For Bureau of Marine Inspection and Navigation regulations relating to certificates of continuous service, see 46 CFR Part 138.

2.27 Rejection of claim for relief. When an applicant's claim for relief is rejected, a copy or copies of the master's certificate or other papers in the case must be made, and the cause or causes for such rejection indorsed on said copy or copies, which shall then be placed on file at the station.*† [Par. 611]

2.28 False service certificate; shipping for purpose of treatment. Any master of a vessel or other person who shall furnish a false certificate of service with intent to procure treatment of an applicant shall be immediately reported to the nearest United States district attorney for prosecution. A person who ships for the purpose of thereby qualifying for treatment of a pre-existing disability is ineligible.*† [Par. 612]

2.29 Interval in seafaring service as affecting eligibility. When an interval in excess of 60 days has occurred in the applicant's seafaring service by reason of the closure of navigation or economic conditions resulting in decreased shipping with consequent lack of opportunity to ship, or if the applicant has been receiving treatment at his own expense since his last sea service, and he can, to the satisfaction of the medical officer in charge, show that he has not definitely changed his occupation, such interval shall not be considered as excluding him from relief.*† [Par. 613, amdt. 1, Apr. 7, 1934]

2.30 Closure of navigation. During the season when navigation is closed at any port, seamen applying for relief at such ports shall be entitled to same, provided they present documentary evidence, as required in § 2.26, which must show that the applicants were employed within 60 days immediately preceding the said closure of navigation.*† [Par. 614]

2.31 Time under treatment. The time during which a seaman has been under treatment in hospital as a patient of the service shall not be reckoned as absence from vessel in respect to debarring him from further relief.*† [Par. 615]

*For statutory citation, see note to § 2.2.

†For source citation, see note to § 2.1.

2.32 Oath of applicant in support of claim. Whenever a beneficiary applies for relief without a master's certificate, the oath or affirmation of the applicant as to the facts of his last employment, stating names of vessels and dates of service, may be accepted as evidence in support of his claim for relief. This oath or affirmation shall be taken before a notary or other person authorized by law to administer oaths.*† [Par. 616]

2.33 Oath of applicant as supplementing master's certificate. When the period of the seaman's service as shown by his certificate on last vessel is less than 60 days, his oath or affirmation as to previous service may be accepted.*† [Par. 617]

2.34 Procedure in case of doubtful eligibility. When a reasonable doubt exists whether the applicant is entitled to relief under the regulations in this part, the application, accompanied by a statement of the facts, shall be immediately referred to the Surgeon General for decision, and when the seaman is in such condition that immediate medical or surgical attendance is necessary, he will be placed under treatment pending the decision, and the action in the case by the officer shall be reported.*† [Par. 619]

2.35 Absence of 60 days from last employment. When a seaman applies for relief after an absence of 60 days or more from his last vessel and it satisfactorily appears that it was impracticable for him to apply to the proper officer for treatment, a statement of the facts, together with a copy of the application and other papers in support of same, shall be filed and the seaman admitted to hospital.*† [Par. 620]

2.36 Signature of applicant on master's certificate required. Any seaman who is able to write will be expected to sign his name upon the face of the master's certificate issued to him before said certificate is signed by the master of the vessel, and the officer receiving such certificate shall require the applicant to verify the signature in his presence.*† [Par. 621]

2.37 Discharge of ineligible applicant. When patients are admitted for hospital treatment pending the decision of the Surgeon General, the usual report on the proper form shall be forwarded to the bureau and the authority recorded on the patient's record card as soon as it is received. If relief is not authorized, the applicant shall be discharged and the disapproval recorded on the completed report card and on the record card.*† [Par. 622]

2.38 Application after 2 months' continuous treatment at out-patient office. When a seaman who has received continuous treatment at the out-patient office for 2 months, applies for further treatment, he must furnish a new certificate of service showing that he is still following the vocation of seaman or furnish satisfactory evidence that he has been prevented from resuming his occupation by circumstances not under his control. The latest date of his service or his explanation of his lack of recent service shall be noted on his record card. The medical officer in charge may waive the requirements of this section where the nature of the disability is such as to prevent a

seaman from resuming his vocation or when to his knowledge the port has been closed.*† [Par. 623]

2.39 During a voyage. The expenses of caring for sick and disabled seamen incurred during a voyage, or when not prearranged by an authorized agent of the Government, will not be paid by the Service.*† [Par. 624]

2.40 Contagious diseases. The expenses for the care and treatment of patients suffering from contagious diseases, who are entitled to the benefits of the Service, and who, in accordance with the State or municipal health laws and regulations are taken to quarantine or other hospitals under charge of the local health authorities, will not be paid unless such patients were admitted at the time by the request of an officer of the Service.*† [Par. 625]

2.41 Reimbursement prohibited. In no case shall money be paid to a seaman or to his family or friends by the Service as reimbursement for expenses incurred during his sickness or disability.*† [Par. 626]

2.42 While confined by local authorities. Seamen who may be injured in street brawls or while committing a breach of the peace, and are, therefore, confined in jail or taken to civil hospitals by the local authorities for such acts, shall not receive treatment at the expense of the Service while confined in jails or civil hospitals. Such seamen should, however, be furnished treatment if brought to service or contract hospitals.*† [Par. 627]

2.43 Taken sick or injured while employed. Seamen taken sick or injured on board or ashore while actually employed on a documented vessel shall be entitled to treatment at relief stations without reference to the length of their service.*† [Par. 628]

2.44 Certificate of discharge as right to further relief. A certificate of discharge may, at the discretion of the officer in charge, be given to a hospital patient, but such certificate, when presented at another relief station, shall not be taken as sufficient evidence of the applicant's title to hospital relief but may be considered as collateral to other satisfactory data submitted by the seaman.*† [Par. 629]

2.45 Only temporary relief contemplated; change of employment or retirement from calling. Temporary relief only is contemplated, and admission to hospital is not intended to permit an indefinite residence therein for cause other than actual disease or injury. Seamen who have changed their occupation or who have retired from their calling because of age or for any other reason not requiring relief from actual disease or injury within a period of 60 days after leaving the vessel shall not be entitled to Service relief.*† [Par. 630]

2.46 Temporary care at minor stations and transfer of patients. The Surgeon General is authorized to issue orders for the temporary care and treatment of sick seamen at minor stations and for the transfer of patients, including necessary expenses, whenever the interests of the Service demand such transfers.*† [Par. 631]

*For statutory citation, see note to § 2.2.

†For source citation, see note to § 2.1.

OTHER PERSONS ENTITLED TO MEDICAL RELIEF

2.51 Reimbursement for subsistence of commissioned and warrant officers of Coast Guard. Upon written application, in approved form, by officers and enlisted men of the United States Coast Guard, active or retired, the dependent members of families of such officers and enlisted men shall be furnished medical advice and out-patient treatment at first-, second-, and third-class relief stations of the Public Health Service, and hospitalization at marine hospitals, if suitable accommodations, as determined by the medical officers in charge, are available therein, at a per-diem cost to the officer or enlisted man concerned equivalent to the uniform per-diem reimbursement rate for Government hospitals as approved by the President for each fiscal year.

The term "dependent member of families" shall include only those relatives who are wholly dependent upon the officer or enlisted man for support and shall not include persons employed by him.

The relationship of dependents, such as wife, son, daughter, etc., including full name, shall be stated in the application, and dependents shall be identified to the relief officer by certification of the applicant's commanding officer. Dependents of retired personnel will be identified by means of a certificate furnished by Coast Guard headquarters at time of retirement. Retired personnel will produce this certificate when seeking relief for dependents and execute necessary application for treatment at the station on blank forms provided for the purpose. At any second- or third-class relief station, except in cases of emergency, medical advice and out-patient treatment will be furnished dependent members of families only during the regular office hours of the relief station.*† [Par. 638, amdt. 3, Dec. 27, 1937]

2.52 Detained immigrants. Persons detained in hospitals of the Public Health Service under the immigration laws and regulations shall be entitled to medical relief.*† (Sec. 1, 52 Stat. 133; 8 U.S.C., Supp., 117) [Par. 649]

CROSS REFERENCE: For Immigration and Naturalization Service regulations relating to hospital care of persons detained under immigration laws, see 8 CFR Part 16.

2.53 For study of diseases affecting public health. There may be admitted into marine hospitals for study, persons with infectious or other diseases affecting the public health not to exceed 10 cases in any one hospital at one time.*† (Sec. 1, 41 Stat. 884; 24 U.S.C. 13) [Par. 653]

2.54 Lepers; regulations by Secretary and instructions by Surgeon General. Lepers shall be received, detained, and treated at the National Home for Lepers (Marine Hospital, Carville, La.) as prescribed in the regulations governing the care of lepers promulgated by the Secretary of the Treasury and in accordance with such other instructions as may be issued by the Surgeon General.*† (Secs. 2, 3, 39 Stat. 873; 42 U.S.C. 133, 134) [Par. 654]

CROSS REFERENCE: For regulations prescribed by the Secretary of the Treasury governing the care of lepers, see Part 3.

2.55 Patients of Veterans' Administration, foreign seamen, and others. Patients of the Veterans' Bureau (Veterans' Administration), foreign seamen, and others specifically designated from time to

time, may be admitted to hospital and out-patient treatment under conditions and at rates authorized by the department and promulgated by the Surgeon General.*† (R.S. 4805, sec. 6, 18 Stat. 486, sec. 10, 43 Stat. 610; 24 U.S.C. 11, 11a, 38 U.S.C. 434) [Par. 655]

CROSS REFERENCES: For requirements prescribed by the Immigration and Naturalization Service for the medical examination to be given to all alien seamen, and regulations relating to treatment of afflicted seamen, see 8 CFR 7.22-7.33. For regulations of the Veterans' Administration relating to the hospital care of veterans, see 38 CFR Part 25.

HOSPITALIZATION

2.61 Admittance to hospitals. A sick or disabled patient of the Public Health Service shall be admitted to hospital only in cases where the nature of the disease or injury from which he suffers is such as to require hospital treatment, in the opinion of a medical officer or other authorized medical or dental representative of the Service. This is not to be construed to exclude patients admitted for examination and observation only. In case of doubt as to the gravity of the disease or injury the patient should be temporarily admitted.*† [Par. 658]

2.62 In contract hospitals. Medical officers and other authorized representatives of the Public Health Service who provide for the admission of patients to contract hospitals are required to procure the discharge of such patients promptly upon the termination of the necessary hospital treatment. Request to the Surgeon General shall be made for the transfer to the nearest marine hospital of patients able to travel and requiring more than a short stay in hospital.*† [Par. 659]

2.63 Emergency cases. When a beneficiary applies for admission to a contract hospital after the office is closed for the day, the hospital may admit the patient, should the case be urgent, and on the following day shall report the action taken, and present the evidence of the patient's right to treatment, to the authorized representative of the Public Health Service.*† [Par. 660]

2.64 Transfer of patients; copy of record card to be furnished patient. In every case of transfer of a patient from one hospital to another, a transfer card, which shall be a copy of the completed report card, shall be executed and the word "transfer" inserted in the blank space in the heading of the card. The destination will be stated under "disposition" and the transfer card mailed, together with an abstract of the clinical record, to the hospital of destination. The patient will be furnished with a copy of the record card to present upon arrival. When the services of an attendant are required, the transfer card will not be mailed but will be transmitted by the attendant.*† [Par. 665]

2.65 Abstract of clinical record of previous treatment to be obtained. When an applicant presents himself for hospital treatment and states that he has previously received treatment in another Service station, an abstract of his clinical record may be requested therefrom by mail. Treatment will not be delayed pending the receipt of his previous record.*† [Par. 666]

*For statutory citation, see note to § 2.2.

†For source citation, see note to § 2.1.

2.66 Out-patient relief. Patients who can be properly treated without admission to hospital shall be carried as out-patients and furnished medicines, dressings, surgical appliances, or advice, as required.*† [Par. 667]

2.67 At home of patient. Patients will not be furnished relief at their own homes except under special authority from the Surgeon General.*† [Par. 668]

2.68 Copy of record card of prior relief. When an applicant presents himself for examination or out-patient treatment and states that he has previously received examination or treatment at another station, a copy of his former record card may be requested by mail therefrom. Treatment, however, will be furnished upon presentation by the applicant of evidence establishing his right to the same, pending the arrival of the record card.*† [Par. 671]

2.69 Memorandum showing diagnosis and treatment. To avoid interruption of an important course of treatment, the medical officer in charge of a relief station may in his discretion, at the patient's request, furnish him with a memorandum showing diagnosis and treatment given. The medical officer in charge of another relief station to whom this memorandum may be presented may cooperate to the desired end, furnishing to the patient in turn such memoranda as will be useful to the relief station initiating treatment. In every case of formal transfer from out-patient office to another station a copy of the completed out-patient record card, to be known as a "transfer card," shall be forwarded to the receiving station.*† [Par. 672]

2.70 Fourth-class stations. When a beneficiary entitled to relief at a fourth-class station, applies for relief to an authorized customs officer, or other officer in charge of a fourth-class station, and is found to be eligible, the said officer shall procure the services of a competent physician and purchase such medicines as are prescribed. If advised by the physician that hospital care is necessary, the customs officer shall make suitable arrangements for such care and treatment pending transfer of the patient to a marine hospital, and will report immediately to the Surgeon General, giving the rates to be charged and other pertinent information. In all cases he will cause the records herein provided for hospital patients to be duly forwarded, and shall make recommendation for transfer of the patient to a marine hospital in appropriate cases.*† [Par. 673]

2.71 Compensation allowable to private physicians. Current rates of compensation will be allowed physicians (not officers of the Public Health Service) and hospitals for medical treatment required and ordered by the designated customs officer, unless otherwise previously directed by the Department. Unreasonable charges will not be approved.*† [Par. 674]

2.72 Tuberculous patients; to be received at all hospitals. All hospitals of the Service shall be prepared to receive tuberculous patients, and no such patients shall be refused admission to any hospital of the Service because of lack of special facilities, nor discharged for that reason.*† [Par. 505]

2.73 Marine Hospital at Fort Stanton, N. Mex., reserved for certain patients. The marine hospital at Fort Stanton, N. Mex., is reserved for the admission of ambulatory afebrile male tuberculous patients with favorable prognoses, and without mental or nervous disease, cardiovascular disease, asthma, or other serious complication. A definite diagnosis of clinical tuberculosis having been made in an eligible not previously discharged from Fort Stanton against advice or for causes affecting discipline, the medical officer in charge of the station shall, after a period of observation and careful examination to determine that the patient falls within the class suitable, recommend transfer to Fort Stanton, the patient consenting. Such recommendation should be made on the prescribed form and accompanied by a report of physical examination, laboratory report, and abstract of the clinical history, and report of the pulse rate, respiration, and temperature unaffected by antipyretics for not less than 2 weeks preceding the date of request. The nomenclature classification and terminology employed in all clinical records shall be that prescribed by the Surgeon General.*† [Par. 506]

2.74 Neuro-psychiatric patients. A mentally disturbed patient, of a class for whom such expenditures are properly chargeable, may as an exigency be cared for temporarily in the observation ward of a local hospital, pending the approval of the Surgeon General for transfer to the Government Hospital for the Insane [St. Elizabeths Hospital], Washington, D. C., or some other special institution. Prompt report of such action shall be made to the Surgeon General.*† [Par. 507]

CROSS REFERENCE: For regulations of the St. Elizabeths Hospital, see Chapter III.

2.75 Transfer of neuro-psychiatric patients to special institutions. Any patient believed to be insane and a menace to himself or others may be taken before a competent local authority. If adjudged insane, appropriate recommendation shall be made to the Surgeon General by the medical officer in charge for transfer to a special institution for treatment. Patients who are not dangerous and who acquiesce in the arrangement may be transferred without being adjudged insane; but in all cases the consent of the guardian, if there is one, should be secured before the transfer is made, if practicable. If there is no guardian, relatives or responsible friends should be informed whenever an irresponsible patient is to be committed or transferred, and their acquiescence in the final arrangement secured, if practicable. Due consideration should be given to their desires for the commitment of the patient to an institution of the State of which the patient may be a citizen, the service relinquishing custody and financial responsibility under appropriate circumstances. The laws of the several States governing the admission of insane patients to State institutions must be strictly adhered to.*† [Par. 508]

2.76 Forced feeding or forced medication of neuro-psychiatric patients. Nurses and employees are not permitted to use forced feeding or forced medication unless a medical officer is present.*† [Par. 510]

*For statutory citation, see note to § 2.2.

†For source citation, see note to § 2.1.

2.77 Neuro-psychiatric patients; restraint. When restraint is necessary, it should be applied as gently as possible. It is not to be used without the consent of the medical officer in charge unless the patient should become violent and be in danger of injuring himself or others. When restraint is applied or the patient placed in seclusion, the medical officer in charge shall be promptly notified and the action taken recorded in the clinical record over the signature of the responsible medical officer.*† [Par. 511]

2.78 Neuro-psychiatric patients with dangerous tendencies. Except in emergency no patient with homicidal, suicidal, or otherwise dangerous tendencies shall be kept in a marine hospital not provided with suitable facilities for his care. When such a patient is cared for the medical officer in charge will take all the necessary, reasonable precautions to safeguard nurses, attendants, and others from injury.*† [Par. 512]

2.79 Transfer of psychopathic patients. When persons suffering from psychopathic disorders are transferred from one hospital to another, a sufficient number of physicians, nurses, or attendants shall be supplied to conduct them safely. Such attendants should be familiar with the care of psychopathic cases and provided with appropriate equipment and transportation facilities, in order humanely to surround the patients with the necessary safeguards.*† [Par. 600]

2.80 Female nurse to accompany female psychopathic patient. When a mentally disordered female patient of the Service is being transferred she must be accompanied by a female nurse, or a female attendant, trained in the care and management of psychopathic disorders.*† [Par. 601]

2.81 Patients with communicable diseases; segregation. Patients with communicable diseases shall be promptly placed in suitable isolation, according to the indication of each case, and in a manner prescribed by the medical officer in charge and adapted to the facilities available.*† [Par. 513]

2.82 Observance of State and local requirements by officers. Officers shall familiarize themselves with and observe all State and local requirements governing the reporting, isolation, transportation, and discharge of patients with communicable diseases.*† [Par. 515]

2.83 Operative procedures; consent of patient. Before operative procedures are instituted, the written consent of the patient, or, in the case of a minor, his parent or guardian, shall be obtained in every case and filed as a part of his clinical record. In case it is impracticable to secure such permission, in grave emergencies the medical officer in charge will exercise his discretion and assume responsibility for any operative procedure required.*† [Par. 517]

2.84 Pass to leave hospital. Patients will not be given passes to leave the hospital except by permission of the ward medical officer concerned, under the general rules instituted by the medical officer in charge.*† [Par. 539]

2.85 Conformance with hospital rules by patients. Patients of the Public Health Service, when receiving hospital or sanatorium care,

will conform to the usual orders, rules, and usages of these institutions. Failure to do so will constitute reason for dismissal, but as they are legal beneficiaries of the Service they shall not be discharged for trivial reasons. A patient may be discharged at any time for serious disregard of hospital rules or insubordination provided mild disciplinary measures are inapplicable. Patients who are seriously sick and physically unable to leave the hospital should not be discharged until after all disciplinary measures have failed. Before the discharge of a patient for insubordination, an investigation shall be made as to his mental condition, if such be considered advisable.*† [Par. 584]

2.86 Discharge at patient's request. A patient may be discharged from a hospital at his own request at any time before recovery. This does not apply to detained aliens. A statement to the effect that he has been discharged at his own request contrary to the advice of the medical officer will be entered on the patient's history and on the record card and, if practicable, the signature of the patient will be obtained to the statement.*† [Par. 587]

2.87 Prosthetic and orthopedic appliances. Prosthetic and orthopedic appliances, also repairs thereto and replacements thereof, will be furnished to beneficiaries of the Public Health Service entitled thereto when necessary as a part of medical and surgical care and treatment, provided that pay patients shall be so supplied in accordance with the terms of § 2.55. Prior authority must be obtained from the bureau in each instance before the purchase is effected with the exception of those articles the local procurement of which is authorized in the circular issued annually by the Surgeon General. In making requests to incur such expenditures, the medical officer will include the following details: Name of patient, class of beneficiary, diagnosis, nature or description of appliance, estimated cost, and a statement as to the necessity therefor.*† [Par. 737]

2.88 Eyeglasses. Patients of the Public Health Service will be furnished with eyeglasses as a part of the treatment for the disease or injury from which they may be suffering, but not for the correction of errors of refraction unrelated to a disease or disability requiring treatment.*† [Par. 739]

DENTAL TREATMENT

2.91 Dental care and treatment. Dental care and treatment shall comprise medical, surgical, and mechanical procedures relating to oral diseases, injuries, and deficiencies that come within the field of dental and oral surgery, advice relating thereto, and oral examinations connected therewith. Dental care and treatment is authorized for the same persons and under the same conditions as medical care and treatment.*† [Par. 540]

2.92 Emergency treatment. Dental offices or clinics established in marine hospitals, relief stations, independent field stations, or with the Coast Guard are maintained to provide dental care and treatment for Service beneficiaries. Emergency treatment will receive first consideration.*† [Par. 541]

*For statutory citation, see note to § 2.2.

†For source citation, see note to § 2.1.

2.93 Beneficiaries not hospitalized. Beneficiaries receiving dental care and treatment shall not be hospitalized unless the general physical condition of the patient or the dental procedures render it necessary.*† [Par. 545]

BURIAL AND EFFECTS OF DECEASED PATIENTS

2.101 Remains of deceased patients; to be claimed by relatives. Upon the death in hospital of a Service patient the medical officer in charge shall immediately notify the nearest relative and advise him that unless the body is claimed and the expenses of burial assumed burial will be made at Government expense.*† [Par. 593]

2.102 Burial at Government expense. Except as otherwise provided in the regulations in this part, a patient who dies in hospital while under treatment as a Public Health Service beneficiary may be buried at an expense not to exceed \$100, chargeable to the Service. At relief stations where contracts for burial are in effect the Service shall be performed by the Service contractor under the terms of his contract and at the contract price. At places where there is no contract the cost of burial must be commensurate with the service rendered. Although a maximum of \$100 is set, it is not the intention that \$100 shall be paid in each instance.*† [Par. 594]

CROSS REFERENCE: For regulations prescribing conditions when burial expenses of immigrants dying while in lawful custody of the Immigration and Naturalization Service may be borne by the government, see 8 CFR 22.6.

2.103 Patients of Veterans' Administration. Upon the death of a patient of the United States Veterans' Bureau [Veterans' Administration] at a hospital or relief station of the Public Health Service, the proper field representative of that Bureau as well as the nearest relative shall be notified promptly. In case no near relative claims the body of a patient of the Veterans' Bureau [Veterans' Administration] it shall be placed at the disposal of a representative of that Bureau.*† [Par. 595]

CROSS REFERENCE: For regulations of the Veterans' Administration relating to burial and funeral expenses and transportation of bodies of veterans, see 38 CFR 5.2692-5.2706.

2.104 Disposition of money and effects. The money and effects of deceased service patients shall be disposed of in the following-described manner by the medical officer in charge, failing which they shall be delivered to the collector of customs in accordance with regulations:

(a) Officers or enlisted men of the Army, Navy, Marine Corps, Coast Guard, and Coast and Geodetic Survey, and Veterans' Bureau patients, to the legal representative.

(b) Alien patients, when the heirs all reside abroad and are all aliens and the total value of the money and effects is less than \$500, to the proper consular officer; otherwise to the collector of customs.

(c) Other Service patients, to the legal representative, except that when the value of the money and effects is less than \$500 and an executor or administrator has not been and will not be appointed, delivery may be made to the person or persons who under the laws of the domicile of the decedent or an applicable Federal statute would

be entitled to receive the money and effects if administration were had.*† [Par. 821]

CROSS REFERENCE: For regulations of the Bureau of Customs relating to disposition of effects of citizens dying abroad, see 19 CFR 8.16.

2.105 Money and valuables to be sent by registered mail or express. Money and valuables of deceased patients must always be sent by registered mail or express, with a list thereof, and only after consent of the person or persons entitled thereto. Necessary receipts will be taken and filed and report will be made in accordance with regulation.*† [Par. 822]

2.106 Unclaimed money and effects. Moneys and valuable effects of deceased patients of the Public Health Service remaining unclaimed for 3 months after the provisions of the regulations in this part have been complied with shall, at the close of each quarter, be delivered by the medical officer of the Service to the proper customs officer.*† [Par. 823]

PART 3—LEPERS

Sec.		Sec.	
	Care and treatment at United States Marine Hospital, Carville, La.	3.6	General restrictions and rules of conduct.
3.1	Conveyance to hospital.	3.7	Isolation or restraint; register of isolated patients.
3.2	Persons receivable.	3.8	Release on probation.
3.3	Diagnostic board for arriving patients.	3.9	Periodic examination of discharged patients.
3.4	Retention or discharge according to diagnosis.	3.10	Burial at Government expense; removal of body.
3.5	Submission to examination and treatment required.	3.11	Visitors.

CROSS REFERENCES

Interstate quarantine regulations respecting travel of lepers: See § 12.5.

Special measures in the inspection of vessels to be taken in regard to leprosy: See §§ 11.221–11.223.

Immigration and Naturalization Service regulations prescribing procedure of deportation of aliens afflicted with leprosy: See Aliens and Citizenship, 8 CFR 20.5.

CARE AND TREATMENT AT UNITED STATES MARINE HOSPITAL, CARVILLE, LA.

Section 3.1 Conveyance to hospital. The Surgeon General of the Public Health Service is authorized upon request of the proper health authority of any State, Territory, or the District of Columbia, or upon notification, under the quarantine laws or regulations, to send for any person afflicted with leprosy, except an alien subject to deportation, and to convey said person to United States Marine Hospital, Carville, La., provided that said request is accompanied by satisfactory proof of diagnosis.**††

**§§ 3.1 to 3.11, inclusive, issued under the authority contained in secs. 2, 3, 39 Stat. 873; 42 U.S.C. 133, 134.

††In §§ 3.1 to 3.11, inclusive, the numbers to the right of the decimal point correspond with the respective paragraph numbers in Regulations governing the care of lepers, United States Public Health Service, Treasury Department, Dec. 24, 1922. Amendments are noted in brackets following sections affected.

*For statutory citation, see note to § 2.2.

†For source citation, see note to § 2.1.

3.2 Persons receivable. There shall be received into said hospital, under the regulations in this part, any person afflicted with leprosy, who presents himself or herself, for care, detention, and treatment, or who may be apprehended under authority of the United States quarantine acts, or any person afflicted with leprosy, duly consigned to said home by the proper health authorities of any State, Territory, or the District of Columbia.*†

3.3 Diagnostic board for arriving patients. At the earliest practicable date, after the arrival of a patient, the medical officer in charge of the hospital shall convene a board of not less than three officers of the Public Health Service, who shall confirm or disapprove the diagnosis of leprosy.*†

3.4 Retention or discharge according to diagnosis. If the diagnosis of leprosy is confirmed, the patient shall be detained in the hospital as provided in the regulations in this part; if the diagnosis is not confirmed, the patient shall be discharged.*† [As amended Aug. 20, 1928]

3.5 Submission to examination and treatment required. Patients are expected to submit to the usual routine clinical examinations which may be required for the diagnosis of primary or secondary conditions, and to such treatment as may be prescribed.*†

3.6 General restrictions and rules of conduct. (a) No leper patient shall be allowed to proceed beyond the limits of the reservation set aside for the detention of patients suffering from leprosy except upon authority from the Surgeon General and under prescribed conditions. Should any leper patient violate his instructions in this regard, he shall, upon being returned to the reservation, be placed in detention, properly safeguarded to prevent a repetition of the offense, or, at the discretion of the medical officer in charge, be permitted to give bond to the United States of America in a penal sum not exceeding \$5,000 conditioned upon his faithful observance of this regulation.

(b) Patients shall, on no account, visit the quarters allotted to, or hold communication with, patients of the opposite sex, unless authorized to do so by special permission of the medical officer in charge. Visiting between patients of the opposite sex shall be permitted in the appointed visiting place only and at such hours as may be set aside for that purpose.

(c) No patient shall wilfully destroy, damage, deface, or make away with any building, fixture, implement, article of equipment, clothing, or any other article, the property of the Government, and no patient who received at the public expense issues of clothing, equipment, or foodstuffs, for personal use shall wilfully destroy, damage, deface, or make away with such articles by gift, sale, barter, or otherwise.*† [As amended Jan. 15, 1924]

3.7 Isolation or restraint; register of isolated patients. (a) There shall be provided the necessary accommodations within that part of the reservation set aside for persons afflicted with active leprosy, for isolation or restraint of patients when in the judgment

of the medical officer in charge such action is necessary for the protection of themselves or others.

(b) The medical officer in charge shall keep a separate register, recording cases that have been placed in isolation or restraint, in which shall be recorded all circumstances attendant upon such isolation or restraint.*†

3.8 Release on probation. The medical officer in charge of the United States Marine Hospital, Carville, La., shall convene boards of three medical officers skilled in the diagnosis of leprosy, of which he may be chairman, for the purpose of examining patients with a view to recommending their discharge. When in the judgment of the board a patient may be regarded as no longer a menace to the public health, he may be released on probation, as either cured, arrested, or latent, at the discretion of the Surgeon General, to whom the recommendation of the board shall be forwarded.*† [As amended Aug. 20, 1928]

3.9 Periodic examination of discharged patients. After the discharge of a patient the medical officer in charge shall notify the proper health officer of the State in which the patient resides and request that he arrange to make a clinical and bacterioscopic examination of the patient at intervals of not less than once in 6 months for a period of 3 years and report the findings to the medical officer in charge.*†

3.10 Burial at Government expense; removal of body. Lepers dying at the hospital shall be buried at the expense of the Government in the station cemetery and the graves shall be marked by a proper headstone of standard design, upon which shall be inscribed the patient's name, date of birth, and date of death. Upon proper application by a member of the deceased's immediate family or an accredited representative, the patient's body may be removed, in conformity with interstate quarantine regulations and State regulations governing the transportation of human bodies dead from contagious diseases. No expenses incident to the preparation or transportation shall be borne by the United States Public Health Service.*†

3.11 Visitors. Visitors may be admitted under such restrictions as the medical officer in charge may prescribe.*†

PART 4—NARCOTIC ADDICTS

Sec.	Sec.
	4.6 Federal probationers; copy of court order required.
4.1 Persons eligible for treatment or confinement in United States Public Health Service Hospitals, Lexington, Ky., and Fort Worth, Tex.	4.7 Voluntary application; procedure. Discharge of addicts
4.2 "Addict" defined.	4.11 "Discharge", "cure", defined.
4.3 "Habit-forming narcotic drug" and "narcotic" defined.	4.12 Certifications relative to addiction.
4.4 Federal prisoners; certain certificates required.	4.13 Prisoners; upon expiration of sentence.
4.5 Federal prisoners; after expiration of sentence.	4.14 Prisoners; before expiration of sentence.
	4.15 Prisoners; upon being cured.

*†For statutory and source citations, see note to § 3.1.

Sec.	Sec.
4.16 Probationers.	4.23 Discretion of medical officer as to clothing.
4.17 Ex-prisoners and voluntary patients.	4.24 Limitations on clothing.
Gratuities	4.25 Limit of cash gratuity.
4.21 "Discharge" or "discharged" defined in connection with the furnishing of various gratuities.	4.26 Transportation to be furnished.
4.22 Suitable clothing to be provided.	4.27 When transportation may be withheld.
	4.28 Transportation of cured voluntary patients.

PERSONS ELIGIBLE FOR TREATMENT

Section 4.1 Persons eligible for treatment or confinement in United States Public Health Service Hospitals, Lexington, Ky., and Fort Worth, Tex. No person shall be eligible for treatment or confinement in a United States narcotic farm unless he be an addict as defined in § 4.2 and then only: (a) If such person has been sentenced to confinement upon conviction of an offense against the United States, including convictions by general courts-martial or by consular courts; (b) if such person is completing a sentence of confinement at a narcotic farm and applies in accordance with the requirements of the regulations in this part for further custodial care and treatment beyond the expiration of sentence; (c) if such person is placed on probation by any court of the United States or other Federal authority which has imposed as one of the conditions of such probation that he will submit himself for treatment until discharged as cured; or, (d) if such person, being not an unconvicted alien, voluntarily signs an application requesting custodial care and treatment in accordance with the requirements of the regulations in §§ 4.1–4.7. Upon admission to a narcotic farm as provided by the regulations in §§ 4.1–4.7 such four classes of addicts will be designated and hereafter referred to in such regulations as "prisoners," "ex-prisoners," "probationers," and "voluntary patients," respectively; collectively, they will be designated and hereinafter referred to as "addicts," "inmates," "patients," or "beneficiaries."*† (Sec. 11, 45 Stat. 1087; 21 U.S.C. 231)

*§§ 4.1 to 4.27, inclusive, issued under the authority contained in sec. 6, 45 Stat. 1086; 21 U.S.C. 226. Additional statutory provisions noted in parentheses at the end of particular sections are applicable to such sections.

†In §§ 4.1 to 4.7, inclusive, the numbers to the right of the decimal point correspond with the respective paragraph numbers in Regulations governing the admission of persons to a United States narcotic farm, Secretary of the Treasury, Jan. 3, 1935.

4.2 "Addict" defined. The term "addict" wherever used in the regulations in §§ 4.1–4.7 means any person who habitually uses a habit-forming narcotic drug so as to endanger the public morals, health, safety, or welfare, or who is or has been so far addicted to the use of habit-forming narcotic drugs as to have lost the power of self control with reference to his addiction.*†

4.3 "Habit-forming narcotic drug" and "narcotic" defined. The terms "habit-forming narcotic drug" or "narcotic" wherever used in the regulations in §§ 4.1–4.7 mean opium and coca leaves and the innumerable alkaloids derived therefrom, the best known of these alkaloids being morphine, heroin, and codeine, obtained from opium,

and cocaine derived from the coca plant; all compounds, salts, preparations, or other derivatives obtained either from the raw material or from the various alkaloids; Indian hemp and its various derivatives, compounds, and preparations; and peyote in its various forms.*†

4.4 Federal prisoners; certain certificates required. A prisoner shall be admitted to a narcotic farm for treatment and confinement therein, upon presentation to the medical officer in charge of such farm of a copy of the sentence and/or commitment, or other certificate showing the conviction, sentence of confinement and commitment of the prisoner, accompanied by an order by the authority vested with the power to designate the place of confinement of the prisoner or of the authorized representative of such authority, designating such narcotic farm as the place of confinement and certifying that such convicted person is an addict. Such documents shall be supplemented by the certificate, or a copy thereof, to be executed by the prosecuting officer after conviction and sentence on a form prescribed by the Surgeon General, stating his belief that the convicted person is an addict, his reasons for such belief, and all pertinent facts bearing on such addiction, together with the nature of the offense.*†

4.5 Federal prisoners; after expiration of sentence. A prisoner, at the expiration of his sentence at a narcotic farm, may be considered for continued treatment therein as an "ex-prisoner" upon submitting application to the Surgeon General on a form prescribed therefor. Such application must contain an agreement to submit to custodial care and treatment for the maximum time estimated by the Surgeon General as necessary to effect a cure or until he ceases to be an addict and be accompanied by a certificate from the medical officer in charge stating that at least 1 month prior to the expiration of sentence the prisoner has been examined, that he is still an addict, that he may by further treatment in a narcotic farm be cured of his addiction, and estimating the maximum time necessary to accomplish such cure. No prisoner shall be continued for treatment beyond the expiration of his sentence except upon receipt of the Surgeon General's written approval of the application, and then only for such period of time as has been estimated as necessary to accomplish a cure.*† (Sec. 11, 45 Stat. 1087; 21 U.S.C. 231)

4.6 Federal probationers; copy of court order required. A probationer shall be admitted to a narcotic farm for treatment upon presentation to the medical officer in charge of an authenticated copy of the order entered by any court of the United States or other Federal authority having power to suspend the imposition or execution of sentence and place a defendant on probation under any existing law, showing that such convicted person has been placed on probation and that the court or other Federal authority has imposed as one of the conditions of such probation that such person shall be admitted and submit himself for treatment at a narcotic farm until discharged therefrom as cured of his addiction; such document shall be supplemented by a certificate executed after conviction by the prosecuting officer or probation officer on a form prescribed by the

*†For statutory and source citations, see note to § 4.1.

Surgeon General, such certificate stating the respective officer's belief that the convicted person is an addict, his reasons for such belief and all pertinent facts bearing upon such addiction, together with the nature of the offense.*†

4.7 Voluntary application; procedure. Any addict, except one who is an unconvicted alien, may be considered for admission to a narcotic farm for treatment and confinement therein as a voluntary patient upon filing application with the Surgeon General on a prescribed form. Such applicant must agree to submit to custodial care and treatment for the maximum time estimated by the Surgeon General as necessary to effect a cure or until he ceases to be an addict. Unless he be a beneficiary of the United States Public Health Service as provided by law and regulation, such applicant must agree, if so required by the Secretary of the Treasury, to reimburse the Government for his subsistence, care and treatment and accompany his application by a recognizance, stipulation, bond, or undertaking in form and amount to be approved by the Secretary of the Treasury guaranteeing the cost of his subsistence, care and treatment. Such application must be accompanied also by a medical certificate executed on a prescribed form by a qualified physician designated by the Surgeon General. Such certificate must state whether the applicant is an addict, whether the designated physician believes that the applicant may by treatment in a narcotic farm be cured of his addiction, the estimated time necessary to effect a cure, and any further information bearing on the addiction, habits, or character of the applicant that may be pertinent. No such addict may be admitted unless the application is approved by the Surgeon General and unless suitable accommodations are available after all eligible addicts convicted of offenses against the United States have been admitted.*†

DISCHARGE OF ADDICTS

4.11 "Discharge", "cure", defined. The terms "discharge" or "discharged," wherever used in the regulations in §§ 4.12–4.17, mean the physical separation of a beneficiary from a narcotic farm. The terms "cure" or "cured," wherever used in the regulations in §§ 4.12–4.17, mean that in the opinion of the medical officer in charge, an inmate is no longer an addict.*†† [Par. 1]

††The source of §§ 4.11 to 4.17, inclusive, is Regulations governing the discharge of persons in United States narcotic farms, Secretary of the Treasury, June 4, 1935.

4.12 Certifications relative to addiction. All certifications by the medical officer in charge relative to the condition of addiction of a beneficiary shall be subject to review by the Surgeon General. Such certificates shall be issued only when required to permit decision on the discharge of a beneficiary, and under no circumstances shall such a certificate or a copy thereof or any other written testimonial relative to cure or incurability be issued to a beneficiary or other person.*†† [Par. 2]

4.13 Prisoners; upon expiration of sentence. A prisoner shall be discharged upon expiration of the full term of his sentence, except

in those cases where a prisoner, being not an alien subject to deportation, shall have submitted an application for continued treatment for drug addiction in a narcotic farm beyond the date of expiration of his sentence and such application shall have been approved by the Surgeon General.*† [Par. 3]

4.14 Prisoners; before expiration of sentence. A prisoner may be discharged before the expiration of the full term of his sentence by being transferred to such penal or correctional institution as may be designated by proper authority when the presence of such prisoner becomes, in the opinion of the medical officer in charge, detrimental to a narcotic farm.*† [Par. 4]

4.15 Prisoners; upon being cured. A prisoner shall be discharged upon being cured. If such cured prisoner is not eligible for release from confinement, he shall be transferred to such penal or correctional institutions as may be designated by proper authority. If such cured prisoner is eligible for release from confinement, he may be discharged without transfer back to the institution from which he may have been received, but such cured prisoner shall be released on parole only upon receipt from proper authority of a written order directing such release.*† [Par. 5]

4.16 Probationers. A probationer shall be discharged upon expiration of the full period of his probation. If a probationer shall be cured before the expiration of the full period of probation, he shall be discharged when cured. Where the presence of a probationer becomes, in the opinion of the medical officer in charge, detrimental to a narcotic farm, report of such fact shall be made to the court or other authority having jurisdiction of such probationer.*† [Par. 6]

4.17 Ex-prisoners and voluntary patients. An ex-prisoner or a voluntary patient shall be discharged from a narcotic farm: (a) Upon cure; (b) upon expiration of the maximum period estimated by the Surgeon General as necessary to effect a cure; or (c) where the presence of such beneficiary becomes, in the opinion of the medical officer in charge, detrimental to a narcotic farm. A voluntary patient shall be discharged also upon failure to make reimbursements in such amounts as may be required for the cost of subsistence, care, and treatment if, in the opinion of the Secretary of the Treasury, the bond furnished upon admission has become insufficient security and the patient is unable to furnish additional surety, unless such reimbursement is waived.*† (Sec 11, 45 Stat. 1087; 21 U.S.C. 231) [Par. 7]

GRATUITIES

4.21 "Discharge" or "discharged" defined in connection with the furnishing of various gratuities. In connection with the furnishing of transportation, clothing, and cash gratuities, the terms "discharge" and "discharged" shall, in the case of prisoners, include release on parole, conditional release as if on parole, discharge with deductions of time allowed by law where not sentenced after June 29, 1932, and discharge upon expiration of maximum sentence; and, in the case of probationers, discharge prior to the expiration of the period of probation, or upon expiration of such period. In the case of a prisoner

*For statutory citation, see note to § 4.1.

†For source citation, see note to § 4.11.

who remains at a narcotic farm for further treatment as an ex-prisoner, "discharge" shall mean the actual departure of such person after treatment in the status of an ex-prisoner.*† [Par. 1]

†The source of §§ 4.21 to 4.27, inclusive, is Regulations for the issue of clothing, cash gratuities, and transportation to Federal prisoners and probationers discharged from a United States narcotic farm, Secretary of the Treasury, June 18, 1936.

4.22 Suitable clothing to be provided. Upon discharge from a United States narcotic farm, every prisoner who shall have been sentenced on indictment to a term of 6 months or more and every probationer may be provided with suitable clothing.*† [Par. 2]

4.23 Discretion of medical officer as to clothing. The medical officer in charge of a United States narcotic farm, or his authorized representative, is hereby designated as the proper authority to decide in his discretion what clothing may be necessary, subject to the limitations set out in § 4.24.*† [Par. 3]

4.24 Limitations on clothing. No prisoner or probationer shall receive more than one suit of clothes, nor shall he receive duplicate or extra articles of clothing. The value of articles of clothing, which the United States is willing to provide, shall not be advanced in cash nor applied as credit upon the purchase of any substitute article of clothing.*† [Par. 4]

4.25 Limit of cash gratuity. Upon discharge from a United States narcotic farm, every prisoner who shall have been sentenced on indictment to a term of 6 months or more and every probationer may receive in the discretion of the medical officer in charge a cash gratuity which shall in no case exceed \$20.*† [Par. 5]

4.26 Transportation to be furnished. Upon discharge from a United States narcotic farm, every prisoner convicted on indictment and every probationer shall be furnished with transportation, by way of the cheapest and most direct and usually traveled route, to the place of conviction or place of bona fide residence within the United States, or to such other place within the United States as, in the opinion of the medical officer in charge, may afford the best opportunity for permanent rehabilitation.*† [Par. 6]

4.27 When transportation may be withheld. When any prisoner convicted on indictment or when any probationer is discharged from a United States narcotic farm and is surrendered to a peace officer for prosecution or incarceration in some other institution the transportation authorized by § 4.26 shall be withheld. Such withheld transportation shall upon application be issued to such prisoners and probationers upon discharge after hearing, as a result of trial, or upon completion of service of such sentence as may be imposed: Provided, however, That no transportation shall be allowed to such prisoners and probationers if, at the time of such last-mentioned discharge, the maximum sentence or period of probation imposed upon any such prisoner or probationer in the proceedings which resulted in his commitment to a United States narcotic farm shall have expired.*† [Par. 7]

4.28 Transportation of cured voluntary patients. Any person admitted to the United States Public Health Service Hospital, Lexing-

ton, Ky., as a voluntary patient may upon discharge be furnished transportation when necessary by way of the cheapest and most direct and most usually traveled route to the place of bona fide residence within the continental United States or to such other place within the continental United States as the medical officer in charge considers will afford the best opportunity for permanent rehabilitation, Provided, That in the opinion of the medical officer in charge such discharged person is cured of addiction to habit-forming narcotic drugs. (Sec. 1, 49 Stat. 1840, sec. 1, 50 Stat. 150, sec. 1, 52 Stat. 134) [Par. 1, Regulations governing the issue of transportation to voluntary patients discharged from the United States Public Health Service Hospital, Lexington, Ky., Sec. Treas., July 22, 1936]

PART 9—GRANTS TO STATES FOR PUBLIC HEALTH SERVICES

Sec.	Sec.
SUBPART A—Fiscal year 1938	9.10 Meaning of "special health problems" in connection with allotments.
9.1 Compliance with law and regulations.	9.11 Training of personnel.
9.2 Allotments.	9.12 Purposes for which training funds may be used.
9.3 Balances from allotments.	9.13 Payments on the basis of financial need.
9.4 Balances from payments.	9.14 Method of payment to States.
9.5 Submission of plans.	9.15 Custody and disbursement of fund.
9.6 Submission and approval of budgets.	9.16 Financial reports.
9.7 Supplemental and revised budgets.	9.17 Progress reports of activities.
9.8 Existing appropriations not to be replaced.	9.18 Reports of certain activities and expenditures not required.
9.9 Matching requirements.	

SUBPART A—FISCAL YEAR 1938

Section 9.1 Compliance with law and regulations. In order that funds allotted to the States may be of maximum use in assisting States, counties, and health districts, and other political subdivisions of the States, in establishing and maintaining adequate public health service, payments made to a State under authority of title VI of the Social Security Act (49 Stat. 634, 635; 42 U.S.C., Sup., 801-803) will be certified by the Surgeon General only after such State has complied with the provisions of the Act and the regulations authorized thereunder.*†

*§§ 9.1 to 9.18, inclusive, issued under the authority contained in sec. 602 (c), 49 Stat. 634; 42 U.S.C., Sup., 802 (c).

†In §§ 9.1 to 9.18, inclusive, the numbers to the right of the decimal point correspond with the respective paragraph numbers in Regulations governing allotments and payments to States from funds appropriated under the provisions of section 601, Social Security Act, for the fiscal year 1938, Surgeon General, June 30, 1937.

9.2 Allotments. Funds appropriated by the Congress for the fiscal year 1938 and balances remaining unpaid to the States at the end of the fiscal year 1937 will be allotted to the States on the basis of population, special health problems, financial needs, as provided

in title VI of the Social Security Act of August 14, 1935, in accordance with the following percentage distribution.

(a) Population. Allotments amounting to 30.7 percent of the available appropriations will be made to the several States in the ratio which the population of each State bears to the population of the United States as shown by the last decennial Federal census.

(b) Special health problems. Allotments amounting to 38.6 percent of available appropriations will be made to the several States on the basis of special health problems including the training of personnel, as determined by the Surgeon General.

(c) Financial needs. Allotments amounting to 30.7 percent of available appropriations will be made to the States on the basis of the financial needs of such States.*†

9.3 Balances from allotments. Unpaid balances from allotments at the end of the fiscal year shall not be paid but shall remain in the appropriation for reallocation to the States in the succeeding fiscal year in accordance with the provisions of subsection (b), section 602, of the Social Security Act. (49 Stat. 634; 42 U.S.C., Sup., 802 (b))*†

9.4 Balances from payments. Unexpended balances remaining from quarterly payments made to the States in accordance with the provisions of subsection (c), Section 602, of the Social Security Act (49 Stat. 634; 42 U.S.C., Sup., 802 (c)) during the fiscal year ending June 30, 1938, or any previous fiscal year, may be retained by the States and utilized for carrying out the purposes for which such funds were allotted and paid, subject to the following conditions:

(a) Balances required under the regulations in this part to be matched with State or local funds must be so matched before they are expended.

(b) Itemized budgets for the expenditure of such balances must be submitted and approved prior to such expenditure.

(c) Where savings occur in items allocated to State or local funds in the operation of any budget in which Federal funds allotted under the provisions of title VI of the Social Security Act are used, there shall be a proportionate reduction in the amount of Federal funds expended unless such savings be rebudgeted for the support of items in the budget for the particular project involved.*†

9.5 Submission of plans. To be eligible to receive payments from allotments each State shall have presented: (a) A comprehensive statement of the present State health organization, programs and budget; (b) a proposed plan for extending and improving the administrative functions of the State department of health; (c) a proposed plan for extending and improving local (county, district, city) health services to be carried out with the assistance of funds available under the provisions of title VI of the Social Security Act.*†

9.6 Submission and approval of budgets. Before payments shall be made to any State, the State health officer shall: (a) Submit to the Surgeon General and secure approval of a proposed budget, for each project, on forms supplied by the Public Health Service. The budget shall show the sources, purposes, and amounts of all funds, the amounts

requested from the Public Health Service for the fiscal year, together with such other information relating to such proposed project as the Surgeon General may require. The application for quarterly payment to a State shall include only those funds required for financing budgets actually in force, or which definitely will become operative, in the quarter for which payment is requested.

(b) Certify that State and local expenditures have not been replaced or curtailed through the use of Federal funds.*†

9.7 Supplemental and revised budgets. Supplemental budgets for the purpose of utilizing unpaid balances of allotments, or unexpended balances from payments made on the basis of previously approved budgets, may be submitted for any subsequent quarter after the beginning of the fiscal year, for (a) new projects or (b) adding new items to existing budgets. Revisions of existing budgets shall be submitted whenever the rate of expenditure for any budget item is to be increased; but not when through lapses or otherwise the expenditures are to be decreased. Such savings from approved budgets may be transferred to other budgets after such revised budget is submitted for approval. Supplemental and revised budgets submitted in any quarter after the beginning of the fiscal year shall not be made effective prior to the beginning of the next succeeding quarter; Provided, That exceptions to this rule may be made, with the approval of the Surgeon General, when necessary to meet emergencies.*†

9.8 Existing appropriations not to be replaced. Payments to aid existing State or local projects will be supplemental to funds now being expended and in no case shall such payments replace existing State or local appropriations for the purpose of relieving State or local authorities from expenditures now being made. Should appropriations for the fiscal year 1938 be less than appropriations for the year 1937, the payment from funds allotted for 1938 will be reduced in a like amount.*†

9.9 Matching requirements. Allotments to States shall be available for payment when matched by State or local public funds appropriated and expended for public health work, as hereinafter provided. As hereinafter used in this part, the term appropriations shall mean State and local funds (existing and new) appropriated for public health work exclusive of those sums which have been or are being used to match grants provided by Federal agencies other than the United States Public Health Service.

(a) States which met all matching requirements for the fiscal year 1937 will be eligible for payment of all funds allotted for the year 1938, provided 1938 appropriations are at least equal to 1937 appropriations. If 1938 appropriations are less, the reduction in payment of Federal funds required under the provisions of § 9.8 will apply.

(b) States which did not meet all matching requirements for the fiscal year 1937, but whose total allotment for 1938 is equal to or greater than that for 1937, will be eligible for payment of all funds allotted for the year 1938, provided 1938 appropriations have been increased to meet the matching requirements for 1937.

(c) States which did not meet all matching requirements for the fiscal year 1937, but whose total allotment for 1938 is less than that

*†For statutory and source citations, see note to § 9.1.

for 1937 are eligible for payment of all funds allotted for the year 1938, provided appropriations for 1938 are equal to appropriations for the year 1937. If 1938 appropriations are less, the reduction in payment of Federal funds required under the provisions of § 9.8 will apply.

(d) The Surgeon General, in his discretion, may waive matching requirements in those States wherein the per capita³ appropriation for the State health department (exclusive of funds for the maintenance of institutions) exceeds the average per capita appropriations of all of the States for the same purposes.*†

9.10 Meaning of "special health problems" in connection with allotments. In the allotment of funds for special health problems this term shall be interpreted to mean necessity arising out of (a) high morbidity or mortality on a State-wide basis from particular causes, such as malaria, hookworm, bubonic plague, trachoma, typhus fever, and similar geographically limited diseases or other conditions that result in inequality of exposure to public health hazards among the States; (b) special industrial hazards; and (c) other special conditions which create unequal burdens in the administration of equal public health services among the States.*†

9.11 Training of personnel. In order to meet the needs for properly qualified professional and technical personnel with which to conduct effectively the State and local health services, the sum of \$1,184,175 shall be set aside for the fiscal year 1938 and allotted to the States for this purpose. Of this sum \$1,003,655 shall be allotted among the several States as far as practicable to meet in full the training demands as submitted by the State health officers. The sum of \$180,500 shall be allotted for approved training centers.*†

9.12 Purposes for which training funds may be used. Funds paid to a State for the training of personnel may be used to pay living stipends, tuition, and traveling expenses of personnel employed or to be employed in the State and local health services, such training period not to exceed 1 year for any individual. The Surgeon General will recommend to the States the maximum allowances for stipends, traveling and other permissible items of expense for the training of personnel. These funds may also be used to aid training centers in the equipment and maintenance of training courses.*†

9.13 Payments on the basis of financial need. The funds to be allotted to the several States for the fiscal year 1938 on the basis of financial needs (\$2,800,000) shall be distributed among the several States in accordance with the ability of the State to raise revenue expressed indirectly in terms of per capita income.*†

9.14 Method of payment to States. Payments to the States shall be made in quarterly installments, subject to approval of the Secretary of the Treasury, to the Treasurer of the State or other State official authorized by law to receive such funds.*†

9.15 Custody and disbursement of fund. All such payments shall be held by the State official to whom made in a separate fund distinct from other State funds and shall be disbursed by him solely

³ To be calculated on the Census Bureau 1936 midyear estimate of population.

for the purpose or purposes specified in budgets approved by the State health officer and the Surgeon General and filed with such official.*†

9.16 Financial reports. The State health officer shall submit to the Surgeon General on forms provided for that purpose quarterly financial reports as follows:

(a) A quarterly project financial report for each budget in force; and

(b) A consolidated quarterly report summarizing all budgets.

The consolidated quarterly financial report must be certified also by the Treasurer or other State official charged with the responsibility for disbursing funds so far as State health department funds may be concerned. Where such officials are not authorized to certify with respect to the expenditure of local funds, the report must be accompanied by certificates from appropriate local fiscal officials. The reports shall show the amount of Public Health Service funds actually expended, the actual expenditure of State and local funds, and such other information as the Surgeon General may from time to time require.*†

9.17 Progress reports of activities. Quarterly reports of activities will be required by the Public Health Service from each State health department as follows:

(a) Activities of central administration and service projects pursuant to approved budgets shall be reported quarterly in duplicate and may be submitted in narrative form.

(b) A copy of the progress report from each local health project pursuant to approved budgets shall be furnished to the regional office on forms of the State health department.

(c) A consolidated summary report for all local projects pursuant to approved budgets shall be made to the Surgeon General on forms provided by the Public Health Service for that purpose.

The listing of certain items on the summary report form referred to above should not be interpreted as requiring that all such activities be carried out in every local health project. Also, other activities not listed on the report form should be reported in an appropriate manner. Statistical reports may be submitted with narrative reports wherever considered desirable by the State health officer.*†

9.18 Reports of certain activities and expenditures not required. No detailed accounting of expenditures and no detailed reports of activities will be required for personnel and other expenditures paid from funds supplied by other agencies unless such funds are used for purposes of meeting the matching requirements of the Public Health Service.*†

PART 11—FOREIGN QUARANTINE

Sec.		Sec.	
11.1	Quarantinable diseases.	11.12	Issuance in insular possessions and dependencies of the United States.
	Bill of health		Inspection of inbound vessels
11.11	Bill of health required; exceptions.		

*†For statutory and source citations, see note to § 9.1.

TITLE 42—PUBLIC HEALTH

Sec.		Sec.	
11.21	Inspection of vessels bound for United States, possessions or dependencies.	11.78	Subject to additional regulations.
11.22	Required of certain vessels.	11.79	Surveillance of detained persons.
11.23	To include cargo, passengers, crew, personal effects.	11.80	Place of detention; carrying infected articles into.
11.24	Time of inspection; no communication after inspection.	11.81	Cleanliness and disinfection.
11.25	Vessels to be clean prior to receiving cargo or passengers.	11.82	Isolation of sick.
11.26	Disinfection of vessels.	11.83	Minimum of communication.
11.27	Health and comfort of passengers.	11.84	Discharge of convalescents.
11.28	Articles coming from infected districts.	11.85	Subsistence at vessels' expense.
11.29	Articles shipped through infected ports.	11.86	Passing of bodies through quarantine.
11.30	Regulations regarding introduction of diseases of animals.		Cholera: special measures at foreign and insular ports
11.31	Articles shipped from or through infected ports.	11.101	Water and food supply of vessels.
11.32	Undisinfected articles.	11.102	Latrines of vessels.
11.33	Division of passengers into classes.	11.103	Shipment of foods.
11.34	Embarkation at infected ports.	11.104	Baggage of steerage passengers.
11.35	Persons suffering from certain diseases.	11.105	Steerage passengers and crews from infected districts.
11.36	Passengers, etc., from infected localities.	11.106	Steerage passengers and crews shipping at infected ports.
	Requirements at sea	11.107	Cabin passengers from infected districts.
11.51	Measures by master of vessel.	11.108	Appearance of disease in detention quarters; embarkation of passengers.
11.52	Inspection by ship's physician.		Cholera: special measures at domestic ports
11.53	Appearance of certain diseases on board ship.	11.111	Appearance on board vessels.
11.54	Cleansing of hospital.	11.112	Steerage passengers from cholera-infected places to be examined upon arrival in United States ports.
11.55	In case of death.	11.113	Detention pending result of examination.
11.56	Clinical record by ship's surgeon.	11.114	Discharge after examination.
11.57	Disinfecting solutions.	11.115	Detention of exposed persons in lieu of examination.
	Inspection upon entry	11.116	Removal and isolation of cholera-infected persons.
11.61	Quarantine; United States-Canada reciprocal pratique.	11.117	Foods ordinarily consumed in uncooked state.
11.62	Certain vessels prior to entry.	11.118	Food served to persons in quarantine.
11.63	To be made between sunrise and sunset; exceptions.	11.119	Water supply of vessels in quarantine.
11.64	Extent and method.	11.120	Dejecta of quarantined persons.
11.65	Boarding of vessels subject to quarantine inspection.	11.121	Personal effects contaminated by dejecta.
11.66	Persons with communicable but nonquarantinable diseases; detention.	11.122	Parts of ship contaminated by dejecta.
	Detention in quarantine	11.123	Tests prior to release of persons from quarantine.
11.71	Certain vessels to be placed in detention.		Yellow fever: special measures at foreign and insular ports
11.72	Duration.	11.131	Period of incubation.
11.73	Detention of pilots; dunnage of pilots.	11.132	Prevention of introduction of mosquitoes on board vessels.
11.74	Vessels in quarantine; outside communication.	11.133	Passengers and crew previously exposed to infection.
11.75	Release.		Yellow fever: special measures at ports of arrival
11.76	Release certificate.		
11.77	Presentation of release certificate to collector of customs.		

CHAPTER I—UNITED STATES PUBLIC HEALTH SERVICE

Sec.		Sec.	
11.141	Treatment of vessels.	11.211	Vessels on which infection has occurred.
11.142	Fumigation of certain vessels; detention of personnel.	11.212	Vermin-infested persons.
11.143	Treatment of certain vessels.	11.213	Observation of exposed passengers and crew.
11.144	Vessels from infected ports calling for bunker coal or supplies.	11.214	Release of personnel.
11.145	Traffic without detention allowable under certain conditions.	11.215	Detention and fumigation of vessels.
11.146	Immune or nonexposed persons.	11.216	Cargo compartments.
11.147	Method of fumigation.	11.217	Fumigants.
	Plague: special measures at foreign and insular ports		Leprosy: special measures
11.151	Rats (mice) and fleas.	11.221	Embarkation of alien lepers for United States prohibited.
11.152	Fumigation of certain vessels and lighters.	11.222	Vessels arriving with disease on board.
11.153	Guards on connecting lines.	11.223	Landing of alien leper prohibited.
11.154	Cargo.		Anthrax and other disease organisms: special measures.
	Plague: special measures at ports of arrival	11.231	Hair or bristles made into shaving or lather brushes for shipment into United States.
11.161	Detention of ships.	11.232	Disinfection of hair or bristles.
11.162	Fumigation of plague-infected ships; preventing escape of rats.	11.233	Consular certificate to accompany consignment of foreign shaving brushes.
11.163	Detention of sick persons.	11.234	Living disease organisms and vectors.
11.164	Measures in case of pneumonic plague on board ship.		Border quarantine
11.165	Freedom from rats and vermin.	11.241	Inspection of travelers at Canadian and Mexican ports.
11.166	Personal effects.	11.242	Maritime quarantine to be applied.
11.167	Entry of certain vessels subject to provisional pratique.	11.243	Mexican citizens on temporary visit.
11.168	Fumigation of certain vessels required.	11.244	Denial of entry or observation of infected persons.
11.169	Periodic fumigation.	11.245	Infected baggage.
11.170	Fumigation certificate.	11.246	Persons from cholera-infected localities.
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11.172	Partial discharge of cargo may be required.	11.248	Persons from smallpox-infected localities.
	Smallpox: special measures at foreign and insular ports	11.249	Persons from typhus-infected localities.
11.181	Incubation period.	11.250	Infected common carriers.
11.182	Evidence of immunity or vaccination by passengers and crew; baggage.	11.251	Merchandise, personal effects.
	Smallpox: special measures at ports of arrival	11.252	Entry of persons from countries where quarantinable diseases reported.
11.191	Treatment of vessels with disease on board.		Fees and enforcement
	Typhus: special measures at foreign and insular ports	11.261	Visitation of vessels.
11.201	Incubation period.	11.262	Remanding of vessels to quarantine stations.
11.202	Passengers and crew from infected ports; personal effects.	11.263	Seized vessels.
11.203	Passengers from infected localities.	11.264	Rates to be charged vessels for quarantine services.
11.204	Passengers and crew previously exposed to infection.		
	Typhus: special measures at ports of arrival		

CROSS REFERENCE

Department of State regulations relating to quarantine for vessels, the detail of medical officers at consulate, and requirements for a bill of health: See Foreign Relations, 22 CFR 89.375–89.380.

Section 11.1 Quarantinable diseases. For the purpose of the regulations in this part the quarantinable diseases are cholera, yellow fever, smallpox, typhus fever, leprosy, plague, and anthrax.† (Sec. 3, 27 Stat. 450; 42 U.S.C. 92) [Par. 1]

†The source of §§ 11.1 to 11.262, inclusive, (except for amendments and other sources noted in the text,) is Quarantine regulations of the United States Public Health Service, Secretary of the Treasury, Mar. 22, 1920.

BILL OF HEALTH

11.11 Bill of health required; exceptions. (a) The master of any vessel or aircraft clearing or departing from any foreign port or any port in the possessions or other dependencies of the United States for a port in the United States or its possessions or other dependencies must obtain a bill of health, in duplicate, signed by the proper officer or officers of the United States as provided by law, from the port of departure and ports of call, except as hereinafter specifically provided for. The port of departure shall be the first port from which a vessel clears or departs on a voyage to the United States, or the first port at which cargo or persons are taken on board for the United States. The port of call shall be any port subsequent to the port of departure at which the vessel officially enters or in any other manner has direct contact with the shore, except that which is absolutely necessary for taking on bunkers or other stores. The bill of health shall be issued not to exceed 48 hours before the departure of the ship to which it is issued. It is believed, however, that consular officers may exercise discretion in this matter to cover unusual circumstances constituting emergencies.

(b) Any vessel or aircraft clearing from or leaving any foreign port or place, or from any port or place in the possessions or other dependencies of the United States for a port or place in the United States or its possessions or other dependencies shall be required to obtain a bill of health, in duplicate, signed by the proper officer or officers of the United States as provided for by law, except as provided for in (c); and further provided that aircraft may be exempted from obtaining said bills of health except during the prevalence of any of the quarantinable diseases at such foreign port or place, or at such port or place in the possessions or other dependencies of the United States.

(c) Vessels operating exclusively between Canadian ports and ports in the continental United States and Alaska are exempted from obtaining consular bills of health at Canadian ports and from quarantine inspection upon arrival at ports in the continental United States and Alaska. Vessels operating exclusively between ports in the Republic of Cuba and in the Bahama Islands and ports in Florida, south of 28° north latitude, and vessels operating exclusively between ports on the west coast of Lower California and ports in the State of California, south of 33° north latitude, are exempted from obtaining con-

sular bills of health at Cuban and Bahama Islands ports and at ports on the west coast of Lower California, respectively, and from quarantine inspection upon arrival at the ports designated in the United States, but such vessels may be subjected to inspection to determine rat infestation and, when found rat infested, to deratization measures. However, during the prevalence of any of the quarantinable diseases at any foreign port of departure or call, all aforementioned vessels shall obtain at any such infected port or ports from the consular officer of the United States, or from the medical officer of the United States, when such officer has been detailed by the President, a bill of health, in duplicate, in the form prescribed by the Secretary of the Treasury, and such vessels shall be subject to quarantine inspection upon arrival at any port in the continental United States or Alaska.

(d) A vessel which calls at any foreign port for orders or for the purpose of taking on bunker coal, bunker oil, or necessary sea stores, or in distress or because of any other emergency, which does not officially enter or clear and has no contact with shore except for purposes herein specified, and which shall depart within 24 hours after arrival, shall not be required to obtain a bill of health at that port.

(e) A vessel calling at ports of the United States for orders or for the purpose of taking on bunker coal, bunker oil, or necessary sea stores, or in distress or because of any other emergency, which does not officially enter, shall not be required to produce bills of health, provided that the vessel, its crew or passengers has no contact with the shore while in the United States port, except for the purposes herein specified.

(f) A vessel on a definite voyage to foreign countries and return to the United States carrying passengers or soliciting passengers for the entire voyage, shall be required to take a bill of health from each foreign port subsequent to its clearance or departure from the United States, provided the voyage is of 30 days duration or less; if of more than 30 days duration, it shall take a bill of health from the foreign port 30 days previous to intended arrival at the first United States port, and such port will be considered the port of departure and all subsequent ports will be considered ports of call; Provided, however, That if any cargo or passengers for the United States are taken on at a port entered more than 30 days before intended arrival at a United States port, this port will be considered the port of departure as already specified.

(g) A vessel touching at a foreign port where there is no consul or consular agent of the United States shall not be required to present an American bill of health from such port on entry into a port of the United States, but a bill of health may be issued by the consul or consular agent of a friendly government at such foreign port authorized to issue such bills of health.

(h) A vessel that has received pratique in the United States port, and then proceeds to Canadian ports only and returns direct to a United States port, shall be considered as operating exclusively between United States and Canadian ports, and shall not be required to take a bill of health from the Canadian port or ports. (Secs. 2, 3, 27 Stat. 450, 28 Stat. 372, 41 Stat. 1149, 43 Stat. 809, sec. 7 (b) (3), 44

Stat. 572; 42 U.S.C. 82, 92, 49 U.S.C. 177 (b) (3)) [Dept. circ. 385, June 24, 1927; Pars. 2, 3, Quarantine regulations, Public Health Service, June 1920, amdt. 11, Dec. 22, 1928, amdt. 16, May 7, 1937]

CROSS REFERENCES: For Department of State consular regulations requiring that a bill of health be obtained from consul for vessels clearing for United States ports, see 22 CFR 89.375. For Bureau of Marine Inspection and Navigation regulations relating to port sanitary statements, see 46 CFR 5.13A.

11.12 Issuance in insular possessions and dependencies of the United States. In order to assure uniform practice as regards the issuance of American bills of health in the insular possessions and dependencies of the United States, the following instructions are issued:

(a) The use of domestic Port Sanitary Statements, in lieu of the use of the international standard form of bill of health prescribed by the Secretary of the Treasury and the Pan American Sanitary Code, will not be permitted in ports in the insular possessions or dependencies of the United States.

(b) Under the Quarantine laws and regulations of the United States every vessel leaving or departing from a port in the insular possessions or dependencies of the United States for a port in the United States, its insular possessions or dependencies, is required to take out an American bill of health in duplicate. Inasmuch as there are no American consuls stationed in ports in the insular possessions and dependencies of the United States such bills of health shall be issued by the quarantine officer on duty in such ports.

(c) The issuance of American bills of health by such quarantine officers is conditioned upon the proper observance of the applicable outbound quarantine requirements prescribed in the Quarantine Regulations administered by the Public Health Service. Vessels will be given bills of health by the quarantine officer only when such appropriate provisions have been properly observed.

(d) In those instances in which the quarantine officer is not satisfied that such requirements have been properly observed, and that the vessel may safely enter any port in the United States, its possessions or dependencies, without danger of introducing quarantinable disease, such quarantine officer shall refuse to issue a bill of health and in event of departure of vessel without the required bill of health, shall report by cable to the quarantine officer at the port of destination in the United States, its possessions or dependencies, that the vessel has been refused a bill of health, and the reasons therefor.

(e) Medical officers in charge of quarantine stations in ports of the United States, its possessions or dependencies, upon receiving notification by cable of the refusal of a bill of health to a vessel at a port in the insular possessions or dependencies of the United States, shall subject that vessel, upon arrival at the port of destination, to quarantine inspection and such other prescribed quarantine measures as may be necessary to prevent the introduction of quarantinable disease into the United States, and shall report the vessel as having failed to present the required bill of health, to the collector of customs for appropriate action.

(f) Collectors of customs shall refuse entry to vessels from ports in the possessions and dependencies of the United States which fail to present a bill of health, and will remand such vessels to the quarantine

station for quarantine inspection and such treatment as may be necessary prior to entry.

(g) The instructions in this section shall be observed in the Virgin Islands, Puerto Rico, the Panama Canal Zone, the Hawaiian Islands, the Island of Guam, the Islands of the American Samoan group, and Wake Island, which are insular possessions or dependencies of the United States. The Philippine Islands are specifically exempted from the provisions applicable in general to the insular possessions and dependencies of the United States, and ports in the Philippine Islands have a status similar to that of foreign ports. Ports in Alaska are exempted from the foregoing bill of health requirements excepting during the prevalence of quarantinable disease in such ports, in accordance with provisions of the quarantine laws and regulations governing vessels engaged exclusively in trade between foreign ports on or near the northern frontier of the United States and ports in the United States.* [Dept. circ. 396, Aug. 4, 1931]

*§§ 11.12 to 11.263, inclusive, issued under the authority contained in sec. 3, 27 Stat. 450; 42 U.S.C. 92.

INSPECTION OF INBOUND VESSELS

11.21 Inspection of vessels bound for United States, possessions or dependencies. The officer issuing the bill of health to vessels leaving foreign ports and ports in the possessions or other dependencies of the United States for ports in the United States or its possessions or other dependencies shall satisfy himself, by inspection if necessary, that the conditions certified to therein are true. He is authorized, in accordance with law, to withhold the bill of health until he is satisfied that the vessel, the passengers, the crew, and the cargo have complied with all the quarantine laws and regulations of the United States.*† [Par. 4]

11.22 Required of certain vessels. Inspection is required of—

(a) All vessels from ports at which cholera, yellow fever, or plague in men or rodents prevail, or at which smallpox or typhus fever prevails in epidemic form, and at which a medical officer is detailed.

(b) All vessels carrying steerage passengers; but need only include the inspection of such passengers and their living apartments if sailing from a healthful port.*† [Par. 5]

11.23 To include cargo, passengers, crew, personal effects. Inspection of the vessel is such an examination of the vessel, cargo, passengers, crew, personal effects of same, including examination of manifests and other papers, food and water supply, the ascertainment of its relations with the shore, the manner of loading and possibilities of invasion by rats and insects as will enable the inspecting officer to determine if the regulations in this part have been complied with.*† [Par. 6]

11.24 Time of inspection; no communication after inspection. When an inspection is required, it should be made by daylight, as late as practicable before sailing. The vessel should be inspected before the passengers go aboard, the passengers just before embarkation, and the crew on deck, and no communication should be had

*For statutory citation, see note to § 11.12.

†For source citation, see note to § 11.1.

with the vessel after such inspection except by permission of the officer issuing the bill of health.*† [Par. 7]

11.25 Vessels to be clean prior to receiving cargo or passengers. Vessels, prior to stowing cargo or receiving passengers, should be mechanically clean in all parts, especially in the hold, forecastle, and steerage and loose dunnage in unladen compartments shall be so arranged as to prevent harborage of rodents.*† [Par. 8]

11.26 Disinfection of vessels. Any portions of the vessel liable to have been infected by any communicable disease should be disinfected before the issuance of the bill of health.*† [Par. 9]

11.27 Health and comfort of passengers. The air space, ventilation, food and water supply, hospital accommodations, and all other matters mentioned therein promotive of the health and comfort of the passengers must be in accordance with the provisions of the Act of Congress approved August 2, 1882, entitled "An Act to regulate the carriage of passengers by sea" (22 Stat. 186; 46 U.S.C. 151-162, 171).*† [Par. 10]

11.28 Articles coming from infected districts. Bedding, upholstered furniture, soiled wearing apparel, personal effects, and second-hand articles of a similar nature coming from a district known to be infected with smallpox or as to the origin of which no positive evidence can be obtained, and which the consular or medical officer has reason to believe is infected, should be disinfected prior to shipment. Articles similar to the above mentioned, if from a district infected by plague or typhus, should be inspected, and, if necessary, treated to destroy vermin.*† [Par. 11]

11.29 Articles shipped through infected ports. Articles from an uninfected district shipped through an infected port may be accepted without restriction if not exposed to infection in transit.*† [Par. 12]

11.30 Regulations regarding introduction of diseases of animals. Nothing in the regulations in this part shall be construed to modify or nullify in any way existing restrictions promulgated by the Secretary of the Treasury at the instance of the Secretary of Agriculture for the prevention of the introduction of diseases of animals.*† [Par. 13]

11.31 Articles shipped from or through infected ports. Any article shipped from or through an infected port or place which the consul or medical officer has reason to believe infected, should be disinfected.*† [Par. 14]

11.32 Undisinfected articles. Any article presumably infected which cannot be disinfected should not be shipped.*† [Par. 15]

11.33 Division of passengers into classes. Passengers, for the purpose of the regulations in this part, are divided into two classes, cabin and steerage.⁴*† [Par. 16]

⁴The sanitary measures applicable to second-cabin passengers will be those designated for first-cabin passengers or for steerage passengers, according as the arrangements of their quarters and accommodations aboard, both sanitary and for association, class them in the opinion of the inspecting officer with the first cabin or steerage.

11.34 Embarkation at infected ports. So far as possible passengers should avoid embarking at a port where quarantinable disease prevails, and communication between the vessel and the shore should be reduced to a minimum. In such a port the personnel of the vessel should remain on board during their stay.*† [Par. 17]

11.35 Persons suffering from certain diseases. No person suffering from a quarantinable disease, or scarlet fever, measles, diphtheria, poliomyelitis (infantile paralysis), influenza, chickenpox, or cerebrospinal meningitis should be allowed to ship.*† [Par. 18]

11.36 Passengers, etc., from infected localities. Passengers and crews, merchandise, and baggage, prior to shipment at a noninfected port but coming from an infected locality should be subject to the same restrictions as are imposed at an infected port.*† [Par. 19]

REQUIREMENTS AT SEA

11.51 Measures by master of vessel. The master of a vessel should observe the following measures on board his vessel:

(a) The water-closets, forecabin, bilges, and similar portions of the vessel liable to harbor infection should be frequently cleansed and disinfected.

(b) Free ventilation and rigorous cleanliness should be maintained in all portions of the ship during the voyage and measures taken to destroy rats, mice, fleas, flies, mosquitoes, and all vermin.

(c) A patient sick of a communicable disease should be isolated and one member of the crew detailed for his care and comfort, who, if practicable, should be immune to the disease.

(d) Communication between the patient or his nurse and other persons on board should be reduced to a minimum.

(e) Used clothing, body linen, and bedding of the patient and nurse should be immersed at once in boiling water or in a disinfecting solution.

(f) The compartment from which the patient was removed should be disinfected and thoroughly cleansed. Articles liable to convey infection should remain in the compartments during the disinfection when gaseous disinfection is used.

(g) Any person suffering from malaria or yellow fever should be kept under mosquito bars and the apartment in which he is confined closely screened with mosquito netting. All mosquitoes on board should be destroyed by fumigation. Mosquito larvæ (wigglers or wiggle-tails) should be destroyed in water barrels, casks, and other collections of water about the vessel by the use of petroleum (kerosene); where this is not practicable, the receptacle should be covered by mosquito netting to prevent the exit of mosquitoes from such breeding places.

(h) In the case of bubonic plague, special measures must be taken to destroy rats, mice, fleas, and other vermin on board, and in case of pneumonic plague, the patient should be isolated, the body discharges disinfected, especially sputum, and the attendant should wear a mask.

(i) In the case of typhus, special measures should be taken to destroy vermin.

*For statutory citation, see note to § 11.12.

†For source citation, see note to § 11.1.

(j) In the case of cholera, typhoid fever, or dysentery, the drinking water should be boiled and the food thoroughly cooked. The discharges from the patient should be immediately disinfected and thrown overboard.*† [Par. 20]

11.52 Inspection by ship's physician. An inspection of the vessel, including the steerage, should be made by the ship's physician once each day.*† [Par. 21]

11.53 Appearance of certain diseases on board ship. Should cholera, yellow fever, smallpox, typhus fever, plague, or any other communicable disease appear on board a ship while at sea, those who show symptoms of these diseases should be immediately isolated in a proper place; the ship's physician should then immediately notify the captain, who should note same in his log, and all of the effects liable to convey infection which have been exposed to infection should be destroyed or disinfected. In the case of smallpox, the entire personnel should be vaccinated.*† [Par. 22]

11.54 Cleansing of hospital. The hospital should be cleansed as soon as it becomes vacant.*† [Par. 23]

11.55 In case of death. The dead, except those dead of yellow fever, should be enveloped in a sheet saturated with one of the strong disinfecting solutions, without previous washing of the body, and at once buried at sea or placed in a coffin hermetically sealed.*† [Par. 24]

CROSS REFERENCE: For regulations relating to the passing through quarantine of bodies of persons dead from cholera or smallpox, see § 11.86.

11.56 Clinical record by ship's surgeon. A complete clinical record shall be kept by the ship's surgeon of all cases of sickness on board, and the record delivered to the quarantine officer at the port of arrival.*† [Par. 25]

CROSS REFERENCE: For Immigration and Naturalization Service regulations requiring ship's surgeon to report all injuries, diseases, illnesses, births, and deaths developing or occurring during the voyage, see 8 CFR 2.15.

11.57 Disinfecting solutions. The following disinfecting solutions are recommended for use at sea:

FORMULÆ FOR STRONG DISINFECTING SOLUTIONS

BICHLORIDE OF MERCURY (1:500)

	Parts
Bichloride of mercury-----	1
Sea water-----	500
Mix.	

CARBOLIC ACID (5 PERCENT)

Alcohol-----	50
Carbolic acid, pure-----	50
Mix.	
Then add fresh water-----	900

FORMULÆ FOR WEAK SOLUTIONS

BICHLORIDE OF MERCURY (1:1,000)

Bichloride of mercury-----	1
Sea water-----	1,000

CARBOLIC ACID (2½ PERCENT)		Parts
Carbolic acid, pure.....	-----	25
Fresh water.....	-----	1,000
FORMALIN (5 PERCENT)		
Formaline (or formal).....	-----	50
Water.....	-----	950

It is suggested that a vessel should carry for every 100 passengers: Bichloride of mercury, 5 pounds; carbolic acid, 10 pounds; alcohol, 10 pounds; formalin, 10 pounds; 100 pounds of sulphur and 12 Dutch ovens, about 12 inches diameter, and an adequate supply of fresh vaccine virus.*† [Par. 26]

INSPECTION UPON ENTRY

11.61 Quarantine; United States-Canada reciprocal pratique.

(a) Every vessel subject to quarantine inspection, entering a port of the United States, its possessions or dependencies, shall be considered in quarantine until given free pratique. Such vessel shall fly a yellow flag at the foremast head and shall observe all the other requirements of vessels actually quarantined.

(b) Effective January 1, 1930, vessels from foreign ports (other than those on or near the northern frontiers of the United States) which enter the international waters of the Straits of Juan de Fuca, Haro, Georgia, Rosario, and the Puget Sound, their tributaries and connected waters on the west coast, or the international waters of the St. Lawrence River and the Great Lakes and their tributaries and connected waters on the east coast, which are destined for both United States and Canadian ports located thereon only will be required to undergo one quarantine inspection to be performed by the quarantine officers of the respective Government having jurisdiction over the first port of arrival provided that quarantinable disease has not occurred on board since granting the original pratique and was not prevalent in such local ports visited.

Vessels which make a United States port their first port of arrival will undergo the prescribed quarantine inspection and treatment by the quarantine officer in that port, and when cleared from quarantine such vessels will be issued pratique in duplicate, the original copy of which will be required to be delivered to the collector of customs for entry of vessel and the duplicate copy will be retained on the vessel for presentation upon secondary arrival at the first Canadian port.

Vessels which have first entered a Canadian port and have received pratique in duplicate following prescribed inspection and treatment by the Canadian quarantine officer of that port, will be permitted to enter secondarily the first United States port of call without the formality of quarantine reinspection, provided such vessel presents and delivers to the collector of customs the duplicate copy of the original Canadian pratique duly approved by the United States quarantine officer of that port, together with the required American bills of health; and provided further, that since receiving such original pratique quarantinable disease has not occurred on board the vessel and was not prevalent in the local ports visited.

*For statutory citation, see note to § 11.12.

†For source citation, see note to § 11.1.

Vessels upon which quarantinable disease has occurred since original pratique was granted, or which have visited local ports in which quarantinable disease prevails, shall be required to report to the United States quarantine station for appropriate treatment and shall present and deliver to the collector of customs of the port a supplementary pratique granted by the quarantine officer of the port in addition to the other required papers, prior to being accorded entry.

Vessels which have been granted pratique and permitted entry in accordance herewith are not thereby exempted from the application of the provisions of article 28 of the International Sanitary Convention of Paris, 1926, respecting deratization requirements; those requiring deratization under the provisions of the convention or the Quarantine Laws and Regulations of the United States administered by the Public Health Service will be subjected to the prescribed measures as a condition of being granted permission to enter. Vessels so granted conditional entry will be required to satisfy these requirements before being granted clearance.*† [Par. 34, and Dept. circ. 420, Dec. 30, 1929]

CROSS REFERENCES: For deratization requirements of the quarantine regulations in cases where plague has appeared on board ship during voyage, see §§ 11.161–11.172. For fee charged for deratization inspection, see § 11.264 (c) (3).

11.62 Certain vessels prior to entry. Vessels arriving at ports of the United States under the following conditions shall be inspected by a quarantine officer prior to entry:

(a) All vessels from foreign ports except those covered by § 11.11 (c). Vessels from a foreign port shall be inspected only at first port of call in the United States, except vessels from ports suspected of yellow fever arriving during the active quarantine season at southern, via northern, ports.

(b) Any vessel with sickness on board.

(c) Vessels from domestic ports where cholera, plague, or yellow fever prevails, or where smallpox or typhus fever prevails in epidemic form.*† [Par. 35]

11.63 To be made between sunrise and sunset; exceptions. The inspection of vessels required by the regulations in this part shall be made between sunrise and sunset, except in case of vessels in distress. Exception may also be made in the case of vessels carrying perishable cargoes, and regular line vessels under regulations approved by the Secretary of the Treasury.*† [Par. 36]

11.64 Extent and method. In making the inspection of a vessel due consideration shall be given before granting pratique to the actual conditions which exist on board at the time of arrival; also to the medical history of the voyage, the sanitary particulars of the passengers and crew, the status of the port of departure and ports of call with respect to the presence of quarantinable diseases therein and the conduct of the vessel while in such ports. The bills of health, the deratization certificate, the clinical record of all cases treated during the voyage and when necessary, the passenger and crew lists, cargo manifests and the ship's log, shall be examined. The passengers, crew, and all other persons on board shall be mustered, examined, and compared with their respective lists and with pertinent data on the bills of health and any discrepancies found shall be investigated; provided,

that on regular line vessels, when classified as “uninfected,” which carry a medical officer, the muster and inspection of passengers and crews may be limited in the discretion of the quarantine officer to the examination of persons who have received medical treatment during the voyage for sickness accompanied by fever or skin eruption, and such other persons as it may be desirable to examine.*† [Par. 37, amdt. 13, Jan. 24, 1929]

11.65 Boarding of vessels subject to quarantine inspection. No person, except the quarantine officer, quarantine employees, or pilots, shall be permitted to board any vessel subject to quarantine inspection until after the vessel has been inspected by the quarantine officer and granted free pratique, except with the permission of the quarantine officer, and any person boarding such vessel shall, in the discretion of the quarantine officer, be subject to the same restrictions as those imposed on the personnel of the vessel.*† [Par. 39, amdt. 14, Feb. 12, 1937]

CROSS REFERENCE: For Bureau of Marine Inspection and Navigation regulations providing that health officers may board a vessel without consent of the master, and may detail any person, subject to his orders, to remain on board, see 46 CFR 2.1.

11.66 Persons with communicable but nonquarantinable diseases; detention. When a vessel arriving at quarantine has on board any of the communicable but nonquarantinable diseases, the quarantine officer shall promptly inform the local health authorities of the existence of such disease aboard and shall make every effort to furnish such notification in ample time, if possible, to permit of the case being seen by the local authorities before discharged from the vessel; Provided, That the quarantine officer may detain arriving cases of communicable but nonquarantinable diseases, and persons having been exposed to such cases, at the quarantine stations when local health authorities do not have facilities for their isolation and care.*† [Par. 40, amdt. 12, Dec. 26, 1928]

DETENTION IN QUARANTINE

11.71 Certain vessels to be placed in detention. Vessels arriving under the following conditions shall be placed in detention:

(a) With quarantinable disease on board or having had such disease on board during the voyage.

(b) Any vessel which the quarantine officer considers infected with quarantinable disease.

(c) A vessel arriving at a port south of the southern boundary of Virginia in the season of active quarantine, April 1 to November 1, from a port infected or suspected of infection with yellow fever.

(d) Vessels arriving at ports north of this line and south of the southern boundary of Maryland between May 15 and October 1, if from a port infected or suspected of infection with yellow fever.

(e) In the case of vessels arriving at a northern port without sickness on board from ports where yellow fever prevails, the personnel shall be detained under observation at quarantine to complete 6 days from the port of departure.

*For statutory citation, see note to § 11.12.

†For source citation, see note to § 11.1.

(f) Towboats and other vessels having had communication with vessels subjected to quarantine shall themselves be quarantined if they have been exposed to infection.*† [Par. 41]

11.72 Duration. The duration of detention of vessels or personnel herein contemplated will depend upon the quarantinable disease involved and will hereinafter be specifically provided for.*† [Par. 42]

CROSS REFERENCES: For detention of vessels on which cholera has appeared during voyage, see §§ 11.113–11.116. Detention of vessels on which yellow fever has appeared during voyage, see § 11.141. Treatment and detention of vessels on account of plague, see §§ 11.161–11.172. Regulations relating to treatment and detention of vessels with cases of smallpox on board, see § 11.191. Special measures to be taken in regard to vessels on which typhus infection has appeared, see §§ 11.211–11.217.

11.73 Detention of pilots; dunnage of pilots. Pilots will be detained in quarantine a sufficient time to cover the period of incubation of the disease for which the vessel is quarantined, if, in the opinion of the quarantine officer, such pilots have been exposed to infection. The dunnage of pilots shall be disinfected when necessary.*† [Par. 43]

11.74 Vessels in quarantine; outside communication. No direct communication shall be allowed between any vessel in quarantine and any person or place outside, and no communication whatever between quarantine or any vessel in quarantine and any person or place outside except under the supervision of the quarantine officer.*† [Par. 44]

11.75 Release. After a vessel has been rendered free from infection, it may be furnished with a fresh crew and released from quarantine, while all or part of the personnel are detained.*† [Par. 45]

11.76 Release certificate. The form of certificate which shall be issued to a vessel or aircraft when released from quarantine shall be prescribed by the Surgeon General of the Public Health Service, and shall embody the statement that the vessel or aircraft has in all respects complied with the quarantine regulations prescribed by the Secretary of the Treasury, and that in the opinion of the quarantine officer it will not convey quarantinable disease, and that said vessel or aircraft is granted free or provisional pratique to enter her port of destination, the name of which is to be embodied in the blank.*† [Par. 47, amdt. 1, Oct. 22, 1920]

11.77 Presentation of release certificate to collector of customs. All vessels requiring inspection under the regulations in this part must present to the collector of customs at the port of entry the quarantine certificate prescribed in § 11.76.*† [Par. 58]

11.78 Subject to additional regulations. Vessels detained at any national quarantine will be subject to such additional rules and regulations as may be promulgated from time to time by the Surgeon General.*† [Par. 46]

11.79 Surveillance of detained persons. The persons detained shall be inspected by the physician twice daily, and be under his constant surveillance, and no intercourse will be allowed between different groups while in quarantine.*† [Par. 48]

11.80 Place of detention; carrying infected articles into. No presumably infected articles from an infected vessel shall be carried into the place of detention until disinfected.*† [Par. 49]

11.81 Cleanliness and disinfection. Cleanliness of quarters and of person will be enjoined and daily enforced. Disinfection shall be practiced where there is any possibility of infection.*† [Par. 50]

11.82 Isolation of sick. In any group in which communicable disease appears, the sick will be immediately isolated in hospital, and the remaining persons in the group and their effects appropriately treated and then removed to other quarters, if possible, and the compartments disinfected.*† [Par. 51]

11.83 Minimum of communication. Communication between the physician and attendants of the hospital and those detained in other parts of the quarantine station shall be reduced to a minimum.*† [Par. 52]

11.84 Discharge of convalescents. No convalescent shall be discharged from quarantine until after a sufficient time has elapsed to insure his freedom from infection, and this is to be determined by bacteriological examination when necessary and possible.*† [Par. 53]

11.85 Subsistence at vessels' expense. Passengers and crew from vessels in quarantine shall be subsisted at the vessels' expense. Rations and service may be provided at national quarantine stations at rates to be fixed by the Secretary of the Treasury.*† [Par. 54]

11.86 Passing of bodies through quarantine. The body of a person dead from cholera or smallpox shall not be allowed to pass through quarantine until 1 year has elapsed since death. The body of a person dead from typhus or plague may be permitted to pass through quarantine if free from vermin; if dead from yellow fever, no precautions are required. Bodies of persons dying at quarantine stations from quarantinable disease should preferably be cremated or buried at station.*† [Par. 55]

CHOLERA: SPECIAL MEASURES AT FOREIGN AND INSULAR PORTS

11.101 Water and food supply of vessels. At ports where cholera prevails special care should be taken to prevent the water and the food supply from being infected. The drinking water, unless of known purity, should be boiled and the food thoroughly cooked and protected against contamination by flies, etc.*† [Par. 59]

11.102 Latrines of vessels. The latrines of vessels must be so arranged that they, including their discharge pipes, can be made and kept mechanically clean.*† [Par. 60]

11.103 Shipment of foods. Certain food products that are ordinarily consumed in an uncooked state coming from cholera-infected localities or through such localities, if exposed to infection therein, should not be shipped. Vegetables ordinarily eaten in an uncooked state when grown in districts where cholera prevails, shall not be shipped. Fruits grown on trees or on shrubs may be shipped.*† [Par. 61]

*For statutory citation, see note to § 11.12.

†For source citation, see note to § 11.1.

11.104 Baggage of steerage passengers. The baggage of steerage passengers shall be inspected and no food shall be taken aboard in such baggage.*† [Par. 62]

11.105 Steerage passengers and crews from infected districts. Steerage passengers and crew coming from cholera-infected districts should be subjected to bacteriological examination, or otherwise detained 5 days in an environment known to be free from any source of infection.*† [Par. 63]

11.106 Steerage passengers and crews shipping at infected ports. Steerage passengers and crew from districts not infected with cholera, shipping at a port infected with cholera, unless passed through without danger of infection, should be treated as those in § 11.105.*† [Par. 64]

11.107 Cabin passengers from infected districts. Cabin passengers coming from cholera-infected districts should produce satisfactory evidence as to their exact place of abode during the five days immediately preceding embarkation. If it appears that they have been exposed to infection, they shall be detained under medical supervision a sufficient time to cover the period of incubation since last exposure, or otherwise be subjected to bacteriological examination.*† [Par. 65]

11.108 Appearance of disease in detention quarters; embarkation of passengers. Should cholera appear in the barracks or house in which passengers are undergoing detention, no passengers from said houses or barracks who have been previously exposed to this new infection should embark until they have been determined free of the infection by bacteriological examination, or otherwise isolated for a period of five days.*† [Par. 66]

CHOLERA : SPECIAL MEASURES AT DOMESTIC PORTS

11.111 Appearance on board vessels. Special measures shall be employed against vessels and persons from a cholera-infected place, as likewise when cholera has appeared on board during the voyage.*† [Par. 67]

11.112 Steerage passengers from cholera-infected places to be examined upon arrival in United States ports. All steerage passengers arriving at ports in the United States, its possessions or dependencies, from ports or places where cholera prevails, shall be subjected to bacteriological examination and shall not be admitted to entry until it has been determined by said examination that they are free from cholera vibrios.*† [Par. 68]

11.113 Detention pending result of examination. All persons on vessels upon which cholera has appeared during the voyage shall upon arrival at quarantine be detained until it has been determined by bacteriological examination that they are free from cholera vibrios.*† [Par. 69]

11.114 Discharge after examination. Persons in detention who are proven by bacteriological examination (performed not less than 24 hours after removal from exposure to infection in cholera case or

carrier) to be free from cholera organisms may be discharged from quarantine without further detention.*† [Par. 70]

11.115 Detention of exposed persons in lieu of examination. In lieu of bacteriological examination (and then only when it is impracticable) persons exposed to infection in cholera case or carrier shall be detained in quarantine 5 days after being isolated from such case or carrier.*† [Par. 71]

11.116 Removal and isolation of cholera-infected persons. If a case clinically diagnosed as cholera has occurred on voyage, or if bacteriological examination should reveal the presence of infection in any person on board, such infected person or persons should be removed and isolated. All contacts should be segregated in small groups, and no material capable of conveying infection shall be removed from the ship.*† [Par. 72]

11.117 Foods ordinarily consumed in uncooked state. Fruits and vegetables from an infected ship, that are ordinarily consumed in an uncooked state, shall be destroyed or rendered harmless by cooking.*† [Par. 73]

11.118 Food served to persons in quarantine. The food served to persons in quarantine, unless from a source known to be free from cholera infection, shall be cooked.*† [Par. 74]

11.119 Water supply of vessels in quarantine. The water supply of a vessel detained in quarantine on account of cholera infection, unless determined by bacteriological examination to be free from cholera organisms or *B. coli*, shall be sterilized. Otherwise it shall be discharged after disinfection.*† [Par. 75]

11.120 Dejecta of quarantined persons. The dejecta of all persons in quarantine on account of cholera shall be disinfected before final disposition, and special precautions shall be exercised in order to prevent the contamination of food or water supply or the spread of the infection through the agency of flies or other insects.*† [Par. 76]

11.121 Personal effects contaminated by dejecta. Personal effects contaminated by dejecta from a cholera case or carrier shall be disinfected.*† [Par. 77]

11.122 Parts of ship contaminated by dejecta. Any part of the ship that has been contaminated by dejecta from a cholera case or carrier shall be washed down with a solution of bichloride or carbolic acid.*† [Par. 78]

11.123 Tests prior to release of persons from quarantine. Carriers or recovered cases shall not be released from quarantine detention until three bacteriological tests performed on consecutive days shall have been proven to be negative.*† [Par. 79]

YELLOW FEVER: SPECIAL MEASURES AT FOREIGN AND INSULAR PORTS

11.131 Period of incubation. For the purpose of the regulations in this part 6 days shall be considered as the period of incubation of yellow fever.*† [Par. 80]

*For statutory citation, see note to § 11.12.

†For source citation, see note to § 11.1.

11.132 Prevention of introduction of mosquitoes on board vessels. It is advisable that at ports where yellow fever prevails, precautions should be taken to prevent the introduction of mosquitoes, aedes (stegomyia) calopus on board the vessel. Water tanks, water buckets, and other collections of water about the vessel should be guarded in such a manner that they shall not become breeding places for mosquitoes. Where the vessel has lain in such proximity to the shore at such places as to render it liable, in the opinion of the inspecting officer, to the access of aedes (stegomyia) calopus, measures should be taken to destroy mosquitoes that may have come on board.*† [Par. 81]

11.133 Passengers and crew previously exposed to infection. Passengers and crew who, in the opinion of the inspecting officer, have been definitely exposed to the infection of yellow fever (i. e., as from a house or locality known to be infected), should not be allowed to embark for 6 days after said exposure. Those immune to yellow fever are exempt from this provision.*† [Par. 82]

YELLOW FEVER: SPECIAL MEASURES AT DOMESTIC AND INSULAR PORTS OF ARRIVAL

11.141 Treatment of vessels. A vessel aboard which a case of yellow fever has occurred at any time during the voyage shall be treated as follows:

- (a) Careful visual and thermometric inspection of all persons.
- (b) The sick are to be immediately disembarked, protected by netting against the access of stegomyia mosquitoes, and transferred to a place of isolation.
- (c) Other persons should be disembarked, if possible, and detained under observation for 6 days, dating from the day of last possible exposure.
- (d) Persons under observation presenting an elevation of temperature above 37.6° C. shall be isolated in a screened apartment.
- (e) The ship shall be moored if possible at least 200 meters from the inhabited shore.
- (f) The ship shall be fumigated for the destruction of mosquitoes before the discharge of cargo, if possible. If a fumigation be not possible before the discharge of the cargo, the discharge of cargo shall be under the supervision of the quarantine officer, and may be permitted as follows: By (1) the employment of immune persons for discharging the cargo; or (2) if nonimmunes be employed, they shall be kept under observation during the discharging of cargo and for 6 days, to date from the last day of exposure on board.*† [Par. 83]

11.142 Fumigation of certain vessels; detention of personnel. A vessel which has lain in such proximity to the shore of a port known to be infected as to render it liable to the access of stegomyia mosquitoes shall be fumigated and the personnel held in detention under observation for 6 days.*† [Par. 84]

11.143 Treatment of certain vessels. A vessel arriving at a southern port (either direct or by way of a northern port of the

United States), which, although coming from an infected port or suspected port, has had neither death nor case of yellow fever on board, either before departure, during the voyage, or at the time of arrival, and which the quarantine officer is satisfied has not lain in such proximity to the shore as to render it liable to the access of stegomyia mosquitoes, or which has been fumigated under the supervision of an accredited medical officer of the United States immediately before sailing, may, upon arrival at a port of destination in the United States with good sanitary history and in good condition (including the absence of any exposed collection of water in which *A. calopus* might breed) be subjected to the following treatment:

(a) If arriving in 6 days or less, she may be admitted to pratique, with or without fumigation, in the discretion of the quarantine officer, and without further detention than is necessary to complete the 6 days.

(b) If arriving after 6 days she shall be immediately fumigated (unless previously fumigated at a northern port) and may be admitted without detention.*† [Par. 85]

11.144 Vessels from infected ports calling for bunker coal or supplies. Vessels from ports infected or suspected of infection with yellow fever, calling at southern ports for bunker coal or supplies during the active quarantine season may be allowed to take on such cargo after fumigation, provided the vessel be anchored in a place inaccessible to stegomyia and the crew or passengers be detained on board.*† [Par. 86]

11.145 Traffic without detention allowable under certain conditions. Traffic without detention may be allowed during the active quarantine season, from ports infected or suspected of infection with yellow fever, to ports in the United States south of the southern boundary of Maryland under the following conditions:

(a) The vessel must lie at approved moorings in the open harbor; the crew must not be allowed ashore at the port of departure. Every possible precaution must be taken to prevent the ingress of stegomyia mosquitoes and their access to the crew.

(b) The officer who must go ashore to enter his vessel must be immune to yellow fever. Passengers, unless immune to yellow fever, must have been free from possible exposure to yellow fever for 6 days immediately prior to embarking.

(c) All the above conditions to be certified to specifically by an accredited medical officer of the United States.*† [Par. 87]

11.146 Immune or nonexposed persons. All persons who can prove their immunity to yellow fever or who have not been exposed to possible infection of yellow fever, may be permitted to land at once.*† [Par. 88]

11.147 Method of fumigation. For the destruction of mosquitoes there shall be a complete and simultaneous fumigation of all parts of the vessel by sulphur dioxide gas, 2 percent volume gas, 2 hours' exposure, or by cyanide gas in strength of ½ ounce of cyanide per 1,000 cubic feet of space, one-half hour exposure.*† [Par. 89]

*For statutory citation, see note to § 11.12.

†For source citation, see note to § 11.1.

PLAGUE: SPECIAL MEASURES AT FOREIGN AND INSULAR PORTS

11.151 Rats (mice) and fleas. At ports or places suspected of plague infection in rodents⁵ every precaution shall be taken to prevent rats (mice) and fleas from getting aboard.*† [Par. 90]

11.152 Fumigation of certain vessels and lighters. Vessels sailing from such ports shall be simultaneously fumigated in all parts, preferably when empty, for the destruction of rats. Lighters should be free of rats, and this is best accomplished by periodic fumigation.*† [Par. 91]

11.153 Guards on connecting lines. If the vessel lies at a dock all connecting lines should be guarded by inverted cones or disks not less than 3 feet in diameter and so fixed as to be always at a right angle to the line to which it is attached.*† [Par. 92]

11.154 Cargo. Articles which harbor or are liable to harbor rats or rat fleas should not be shipped until freed of such vermin, either by the use of chemicals, fumigation, or by preventing the access of rats. The nature of the merchandise and the place and method of stowing prior to shipment must be considered in determining its liability to be a rat or vermin carrier, thus: crated cargo, bags of grain, etc., so stowed as to be used as nesting places for rats would be flea, and might be rat, carriers, and cargo should preferably have been previously stored in rat-proof warehouses. Articles of cargo in open crates should be carefully inspected to determine freedom from rats and, at the discretion of the inspector, may be rejected for shipment if considered as rodent infected. When the cargo of a vessel consists of grain or other rat food, extra precautions should be taken to prevent rats from going aboard.*† [Par. 93]

PLAGUE: SPECIAL MEASURES AT PORTS OF ARRIVAL

11.161 Detention of ships. Ships on which plague has occurred in men or rodents shall be detained in quarantine, the sick, if any, shall be removed and isolated, and the destruction of rats shall be effected as soon as practicable.*† [Par. 94]

11.162 Fumigation of plague-infected ships; preventing escape of rats. A plague-infected ship shall be fumigated simultaneously in all parts for the destruction of rats, including those that may be within articles of cargo, and other precautions shall in the meantime be observed to prevent the escape of rats from the ship.*† [Par. 95]

11.163 Detention of sick persons. All persons sick of plague shall be detained in quarantine until well, but no detention of healthy contacts is contemplated (except in the pneumonic type of the disease) other than is incidental to the treatment of vessels or cargo.*† [Par. 97]

11.164 Measures in case of pneumonic plague on board ship. If pneumonic plague has occurred on board ship during the voyage,

⁵ Human cases shall be considered as proof of an existent rodent infection.

the sick shall be removed and isolated, and all crew and passengers that have been exposed to the infection shall be detained in quarantine for a period of 7 days, or, at the discretion of the quarantine officer, until their secretions shall be proved to be free from *B. pestis*.^{*†} [Par. 98]

11.165 Freedom from rats and vermin. The quarantine officer, before granting pratique to a vessel that has been detained in quarantine on account of plague infection, shall assure himself that the vessel is free from rats and vermin.^{*†} [Par. 99]

11.166 Personal effects. The personal effects in use, and the belongings of crew and passengers, which in the opinion of the quarantine officer are considered as infected, shall be disinfected and rendered free from vermin.^{*†} [Par. 100]

11.167 Entry of certain vessels subject to provisional pratique. Vessels from ports (foreign, insular, or domestic) that are known or suspected of being infected with plague may, when loaded with cargo, the nature of which or manner of storage precludes effective fumigation, be permitted to enter subject to the terms of a provisional pratique. When lying alongside wharf or dock at United States ports such vessels shall take proper precautions to prevent the passage of rodents. The vessel shall be fended off from wharf or dock not less than 4 feet, and on all connecting lines shall be fixed rat guards of sheet metal of an approved design, not less than 3 feet in diameter. All cargo nets and similar devices extending between the vessel and shore structures shall be removed at night unless in actual use, as likewise gangways and ladders unless guarded. Any vessel so entering and neglecting to effectively apply such measures, may, at the discretion of the Surgeon General, be remanded to the quarantine station for discharge of cargo, or required to discharge cargo at anchor well removed from the wharf.^{*†} [Par. 101, amdt. 9, Mar. 21, 1925]

11.168 Fumigation of certain vessels required. Vessels from ports known to be infected with plague, in man or rodents, which have docked or which have not taken precautions necessary to prevent the ingress of rats, and on which effective measures have not been taken to destroy the same under the supervision of an accredited medical officer of the United States Government, shall, upon arrival at a port in the United States, be fumigated for the destruction of rats.^{*†} [Par. 102]

11.169 Periodic fumigation. All vessels engaged in trade with foreign ports shall be fumigated not less than once every 6 months for the purpose of destroying rats. This is best done when the vessel is empty; Provided, That the Surgeon General may prescribe rules under which the 6-month period between fumigations may be extended for: (a) Vessels plying regularly between ports not infected with plague; (b) Vessels whose construction does not favor the harborage of rats.^{*†} [Par. 103, amdt. 10, Feb. 8, 1926]

11.170 Fumigation certificate. A certificate signed or viséed by an accredited medical officer or a consular officer of the United States

^{*}For statutory citation, see note to § 11.12.

[†]For source citation, see note to § 11.1.

may be accepted by the quarantine officer as competent evidence in considering the enforcement of § 11.169, except when otherwise directed by the Surgeon General. Fumigation certificates to be acceptable must contain the same, or substantially as complete, information as contained in "Certificates of Fumigation, U. S. Public Health Service," Form 1939 or Form 1945.*† [Par. 104, amdt. 5, Jan. 16, 1923]

11.171 Method of fumigation. In applying plague preventive measures, vessels without cargo shall be fumigated simultaneously in all parts with sulphur dioxide gas, not less than 3 pounds per 1,000 cubic feet for 6 hours' exposure; or by hydrocyanic acid gas in the proportion of 5 ounces of sodium cyanide per 1,000 cubic feet of space (or equivalent amount of potassium cyanide) for 2 hours. If the vessel be loaded, the time of exposure shall be doubled.*† [Par. 105]

11.172 Partial discharge of cargo may be required. When necessary in the treatment of infected vessels, the quarantine officer may require the master to partially discharge cargo for the purpose of effective performance of fumigation.*† [Par. 106]

SMALLPOX: SPECIAL MEASURES AT FOREIGN AND INSULAR PORTS

11.181 Incubation period. For the purpose of the regulations in this part, 14 days shall be considered as the incubation period of smallpox.*† [Par. 107]

11.182 Evidence of immunity or vaccination by passengers and crew; baggage. Passengers and crew coming from districts where smallpox prevails in epidemic form, or who have been exposed to smallpox, should be vaccinated before embarkation, unless they show satisfactory evidence of having acquired immunity to smallpox by previous attack, or successful vaccination within 1 year, and their baggage inspected and, if necessary, disinfected.*† [Par. 108]

SMALLPOX: SPECIAL MEASURES AT PORTS OF ARRIVAL

11.191 Treatment of vessels with disease on board. Vessels arriving with smallpox on board, or having had smallpox on board during the voyage, shall be treated as follows:

- (a) The sick shall be removed and detained until recovered.
- (b) All persons who in the opinion of the quarantine officer have been exposed to the infection shall be vaccinated, unless protected by a previous attack of smallpox, and detained in quarantine until the vaccination is protective against said exposure, or, if they refuse vaccination, detained in quarantine for 14 days after last exposure to the infection.
- (c) Those persons that have not been exposed to the infection may be released.
- (d) All personal effects of passengers and crew that have been exposed to infections shall be disinfected. All compartments that have been exposed to the liability of infection shall be disinfected.*† [Par. 110]

TYPHUS: SPECIAL MEASURES AT FOREIGN AND INSULAR PORTS

11.201 Incubation period. For the purpose of the regulations in this part 12 days shall be considered as the period of incubation for typhus fever.*† [Par. 111]

11.202 Passengers and crew from infected ports; personal effects. Passengers and crew from ports infected with typhus shall not be allowed to embark unless demonstrably free from vermin, or otherwise treated for the destruction of vermin. The personal effects, wearing apparel, and baggage of those infested with vermin shall be disinfected.*† [Par. 112]

11.203 Passengers from infected localities. Passengers from localities where typhus prevails embarking at a port not infected with typhus shall be treated as in § 11.202.*† [Par. 113]

11.204 Passengers and crew previously exposed to infection. Passengers and crew who, in the opinion of the inspecting officer, have been definitely exposed to infection (from a house, barracks, or other building in which has occurred a case of typhus) shall not be allowed to embark until 12 days after removal from the infected environment.*† [Par. 114]

TYPHUS: SPECIAL MEASURES AT PORTS OF ARRIVAL

11.211 Vessels on which infection has occurred. Vessels on which typhus infection has occurred shall be detained in quarantine and the sick, if any, removed and isolated. The clothing, personal effects, and baggage of those infected and of those not demonstrably vermin free shall be treated for the destruction of vermin.*† [Par. 115]

11.212 Vermin-infested persons. All persons found to be vermin (louse) infested shall be treated for destruction of lice.*† [Par. 116]

11.213 Observation of exposed passengers and crew. All passengers and crew that have been exposed to the infection shall be detained under observation for a period of 12 days from last exposure to infection.*† [Par. 117]

11.214 Release of personnel. Those of the personnel that are demonstrably free from vermin, and have not been exposed to the infection, may be released without detention or disinfection of baggage.*† [Par. 118]

11.215 Detention and fumigation of vessels. Vessels on which typhus has appeared shall be detained and fumigated for destruction of vermin.*† [Par. 119]

11.216 Cargo compartments. Cargo compartments of typhus-infected vessels need not be fumigated, unless there be exceptional conditions that may render them vermin infested.*† [Par. 120]

11.217 Fumigants. Sulphur dioxide and hydrocyanic acid gas are effective agents for the destruction of lice when used in proper strength and exposure.*† [Par. 121]

*For statutory citation, see note to § 11.12.

†For source citation, see note to § 11.1.

LEPROSY: SPECIAL MEASURES

11.221 Embarkation of alien lepers for United States prohibited. Alien lepers should not be permitted to embark at a foreign port for a port of the United States, its possessions or dependencies, either as a passenger or as a member of the crew.*† [Par. 122]

CROSS REFERENCES: For interstate quarantine regulations relating to the travel of lepers, see § 12.5. For regulations of the Immigration and Naturalization Service relating to the procedure of deportation of aliens afflicted with leprosy, see 8 CFR 20.5.

11.222 Vessels arriving with disease on board. Vessels arriving in quarantine with leprosy on board shall not be granted pratique until the leper and his baggage has been removed from the vessel to the quarantine station.*† [Par. 123]

11.223 Landing of alien leper prohibited. No alien leper shall be permitted to land, and to this end the case shall be certified as a leper and reported to the nearest commissioner of immigration.*† [Par. 124]

ANTHRAX AND OTHER DISEASE ORGANISMS: SPECIAL MEASURES

11.231 Hair or bristles made into shaving or lather brushes for shipment into United States. Shaving brushes or lather brushes destined for shipment into the United States shall be made only from hair or bristles, known to be free from anthrax spores.*† [Par. 126]

NOTE: Sections 11.231-11.233 contemplate that anthrax is primarily a disease of animals; that the infection in man is comparatively rare and under such circumstances is not transmitted from man to man. Inasmuch as the infection tends to spread only as an epizootic disease, the responsibility for its exclusion primarily pertains to the United States Bureau of Animal Industry. The rules and regulations of that Government agency appear to be sufficient for their purpose, and the requirements contained herein are merely for the additional protection of persons against possible infection from any animal product in such widespread and everyday use as the shaving brush.

CROSS REFERENCE: For Bureau of Animal Industry regulations relating to the importation of wool, hair and bristles in the prevention of anthrax, see 9 CFR 95.10, 95.11.

11.232 Disinfection of hair or bristles. Unless known to be free from anthrax spores such hair or bristles, before being made into shaving or lather brushes, shall be disinfected by one of the following methods: (a) by boiling for not less than 3 hours; (b) by exposure to steam under not less than 15 pounds gauge for not less than 30 minutes with a preliminary vacuum of at least 10 inches; (c) by exposure to streaming steam for not less than 6 hours.*†† [Par. 127]

11.233 Consular certificate to accompany consignment of foreign shaving brushes. Consignments of shaving brushes of foreign manufacture shall be accompanied by a consular certificate containing a statement as to the prevalence or nonprevalence of anthrax in the territory from which the brushes emanate and also to the effect that the materials entering into the manufacture of the brushes

* See note to § 11.231.

have or have not complied with the requirements of the regulations in this part.*† [Par. 128]

11.234 Living disease organisms and vectors—(a) Permit for admittance of cultures, infected insects, animals, or plants required. No culture of bacteria, or any living virus or collection of organisms, that causes or may cause any contagious or infectious disease, nor any insect, animal, or plant infected with such bacteria, virus, or organism, shall be admitted into the United States without a specific permit issued by the Surgeon General of the Public Health Service.

(b) Permit for admittance of insects, animals, or plants capable of transmitting contagion required. No living insect, animal, or plant, new to or not theretofore widely prevalent or distributed within and throughout the United States, which is potentially capable of transmitting any contagious or infectious disease, shall be admitted into the United States without a specific permit issued by the Surgeon General.

(c) Issuance of permit; release from customs custody. The Surgeon General may, in his discretion, issue a permit as specified in paragraphs (a), (b) when proper safeguards are set up to protect the public. No article or thing coming within the provisions of paragraphs (a) or (b) shall be released from customs custody prior to the receipt by the collector of customs of a permit therefor issued by the Surgeon General, which permit shall specify the name and address of the consignee of such article or thing.

(d) "Parrot regulations" continued in force. The provisions of paragraphs (a)–(c) shall not apply to birds of the parrot family, as defined in §§ 16.1–16.4, which regulations, approved December 20, 1933, shall continue to govern the importation of such birds of the parrot family.*† [Pars. 128–A to 128–D, amdt. 17, Mar. 4, 1938, 3 F.R. 555]

CROSS REFERENCES: For regulations relating to parrots, see § 12.17 and Part 16. For Public Health Service regulations relating to the importation of viruses, serums, and toxins, see Part 22. For Department of Agriculture regulations relating to the importation of adult honey bees, plants, or plant products by mail, see 7 CFR Parts 321, 322. For Bureau of Animal Industry regulations relating to viruses, serums, toxins, and analogous products, see 9 CFR Parts 100, 102, 108–121, 131. For customs regulations relating to the importation of viruses, serums, and toxins, see 19 CFR 10.15–10.18. For Bureau of Customs regulations relating to parrots imported into the United States, see 19 CFR 10.23.

BORDER QUARANTINE

11.241 Inspection of travelers at Canadian and Mexican ports. When necessary, travelers arriving at Canadian or Mexican ports, destined for the United States, shall be inspected at the Canadian or Mexican port of arrival by the United States consular or medical officer, and be subjected to the same sanitary restrictions as are called for by the rules and regulations applicable at foreign ports.*† [Par. 129]

CROSS REFERENCE: For quarantine regulations applicable at foreign ports for prevention of cholera, yellow fever, plague, smallpox, typhus, leprosy, anthrax, see §§ 11.101–11.108, 11.131–11.133, 11.151–11.154, 11.181, 11.182, 11.201–11.204, 11.221, 11.231–11.233.

* See note to § 11.231.

*For statutory citation, see note to § 11.12.

†For source citation, see note to § 11.1.

11.242 Maritime quarantine to be applied. Where not otherwise specifically stated, the rules and regulations for maritime quarantine shall be applied at stations on the Canadian and Mexican frontiers; and the methods of disinfection shall be those prescribed in the regulations in this part.*† [Par. 130]

11.243 Mexican citizens on temporary visit. In order to facilitate the entry of native-born and naturalized citizens of Mexico desirous of temporarily visiting the United States, the Department of State and the Department of Labor have arranged, for immigration purposes, to have American consular officers in the interior of Mexico issue to them border identification cards which bear photographs and signatures of the holders. It is understood that these cards will be issued by American consular officers only to bona fide visitors for business or pleasure who at the time of issue are apparently free from any communicable disease and have either previously had smallpox or have been successfully vaccinated against this disease.

Quarantine officers are authorized to pass the owners of these consular cards of identification upon presentation at the port of entry on the Mexican border provided they show no visible evidence of quarantinable disease.* [F.Q. Div. circ., Surg. Gen., Apr. 11, 1934, approved Sec. Treas. Apr. 12, 1934]

11.244 Denial of entry or observation of infected persons. If any person be found suffering from a quarantinable disease, or be presumably infected, he shall be denied entry or shall be kept under quarantine observation so long as danger of conveying the infection exists.*† [Par. 131]

11.245 Infected baggage. Any baggage or other effects believed to be infected shall be refused entry unless disinfected in accordance with the regulations in this part.*† [Par. 132]

11.246 Persons from cholera-infected localities. Persons coming from localities where cholera is prevailing shall not be allowed entry until they have been proven to be free of cholera vibrios, by laboratory examination, or otherwise detained 5 days.*† [Par. 133]

11.247 Persons from yellow fever-infected places. During the active quarantine season persons not positively identified as immune to yellow fever, coming from places where yellow fever prevails, will not be permitted to enter until they have been away from said locality 6 full days, or otherwise held in quarantine to complete 6 days.*† [Par. 134]

11.248 Persons from smallpox-infected localities. Persons coming from localities where smallpox is prevailing shall not be allowed entry without vaccination, unless they are protected by a previous attack of the disease or a recent successful vaccination.*† [Par. 135]

11.249 Persons from typhus-infected localities. Persons coming from localities where typhus fever prevails shall not be allowed entry unless demonstrably free from vermin or otherwise disinfected for the destruction of vermin. Disinfection of wearing apparel, baggage, and personal effects for the destruction of vermin shall be practiced when necessary.*† [Par. 136]

11.250 Infected common carriers. No common carrier which is infected, or suspected of being infected, shall be allowed to enter the United States until after such measures have been taken as will render it safe.*† [Par. 137]

11.251 Merchandise, personal effects. Articles of merchandise, personal effects, etc., which are presumably infected, shall not be allowed entry into the United States until after disinfection.*† [Par. 138]

11.252 Entry of persons from countries where quarantinable diseases reported. Persons shall not enter the United States from countries where any of the quarantinable diseases are reported excepting at ports of entry, and after inspection by a quarantine officer and such necessary treatment as indicated in the foregoing sections.*† [Par. 139]

FEES AND ENFORCEMENT

11.261 Visitation of vessels. The Surgeon General, or the officer detailed by him as inspector, shall, at his discretion, visit any incoming vessel or any vessel detained in quarantine with a view to certifying, if need be, that the regulations have been or are being enforced.*† [Par. 145]

11.262 Remanding of vessels to quarantine stations. The Surgeon General of the Public Health Service is authorized, when in his discretion such action is necessary in the interest of the public health, to remand, by direction of the Secretary of the Treasury, any vessel to the nearest quarantine station provided with proper facilities for handling infected vessels.*† [Par. 146]

11.263 Seized vessels. In case a vessel requiring quarantine inspection is seized prior to having passed quarantine inspection, it will be immediately towed or convoyed to a quarantine station for quarantine inspection preliminary to any other disposition. The towing or convoying vessel shall become constructively in quarantine and shall be subject to quarantine inspection and any necessary quarantine measures.* [Dept. circ. 391, Nov. 11, 1927]

11.264 Rates to be charged vessels for quarantine services. The following rates to be charged vessels for quarantine services at national quarantine stations are hereby prescribed:

(a) Inspection services:

- | | |
|--|---------|
| (1) Inspection of vessels (including crews and not more than 10 passengers): | |
| (i) Under 500 net tons..... | \$5. 00 |
| (ii) Over 500 and less than 5,000 net tons..... | 10. 00 |
| (iii) Over 5,000 net tons..... | 15. 00 |
| (2) Inspection of passengers: | |
| (i) Over 10 and less than 100..... | 5. 00 |
| (ii) Each additional 100 or fraction..... | 3. 00 |
| (3) Surcharge for inspection after sunset (except vessels in distress)---- | 25. 00 |

(b) Detention services:

- | | |
|---|-------|
| (1) Subsistence, housing, and medical care: | |
| (i) Cabin passengers and ships officers, per day or fraction..... | 3. 00 |
| (ii) Steerage passengers and crew, per day or fraction..... | 2. 00 |
| (iii) One-half rates will be charged for housing and medical care only (i. e. when ship furnishes subsistence). | |

*For statutory citation, see note to § 11.12.

†For source citation, see note to § 11.1.

(2) Vaccination, per person-----	\$0. 25
(3) Special bathing, or delousing, per person-----	. 25
(4) Disinfection of personal baggage and effects, per piece-----	. 25
(5) No charges will be made for detention services for beneficiaries of Public Health Service.	

(c) Fumigation services:

(1) Fumigation:	
(i) Chemicals, per 1,000 cu. ft. of space-----	. 12
(ii) Supervision-----	5. 00
(iii) Labor, per hour per man-----	. 50
(iv) Transportation (to places other than Quarantine Anchorage)-----	actual pro rata cost
(v) Loss of, or damage to, equipment-----	actual replacement cost
(vi) Surcharge for Sunday or legal holiday service (except vessels held in detention)-----	50%
(2) Quarantine guards (at places other than Quarantine Anchorage) each, per day-----	\$5. 00
(3) Deratization exemption inspections (including inspections for extension of certificate) except when made on vessels under 500 net tons by the medical officer as part of inspection services-----	10. 00

(d) Transportation shall be charged for at the actual (mileage) cost to the Government when transportation is made overland. When made on Government station launch or tug, charges will be based pro rata upon daily operating cost of such vessel. Transportation and labor charges will be computed from hour of departure from station to time of return to station. Charges made for loss of or injury to equipment will depend upon the character of equipment and the amount of loss or extent of damage, and shall be based on the market value of such items.

(e) Special services for which surcharge is made (night boarding, holiday fumigations, etc.) will only be performed upon written request of the responsible agents of the vessel, and all charges rendered to collectors of customs for special services shall record the name and address of the responsible agent and the date of request upon reverse of statement form.

(f) Charges for quarantine services will not be made when rendered to armed vessels of foreign nations or to vessels owned by the United States or by individual States of the Union; such vessels should furnish necessary subsistence.

(g) These rates shall be effective on April 15, 1928, and thereafter until changed. Quarantine officers upon the completion of services rendered shall immediately compute the total cost thereof and send a statement to the collector of customs at the port where the vessel enters. One copy of all such statements shall be forwarded by quarantine officers to the Bureau of the Public Health Service on the same date, without letter of transmittal.

(h) Collectors upon receipt of such statement will require payment of the charges by the master or agent of the vessel and will account for the amounts collected under the item "Fees for Quarantine Services." (Sec. 1, 40 Stat. 6, sec. 16, 46 Stat. 1492; 42 U.S.C. 87, 94b) [Dept. circ. 398, Mar. 30, 1928, amdt. 1, Nov. 30, 1936, 1 F.R. 2090]

PART 12—INTERSTATE QUARANTINE

Sec.		Sec.	
12.1	Contagious and infectious diseases.	12.15	Shipment of animals from Rocky Mountain spotted fever localities.
12.2	Quarantine measures; persons or things.	12.16	Prevention of spread of plague.
12.3	Duty of common carriers, infected persons, and others; prohibition against travel.	12.17	Shipment of birds of parrot family.
12.4	Persons infected with certain diseases; prohibition against travel.		Sanitation of conveyances
12.5	Travel of lepers.	12.21	General.
12.6	Travel of diseased persons generally.	12.22	Common towels.
12.7	Travel of tuberculous persons.	12.23	Common drinking cups.
12.8	Travel of venereally infected persons.	12.24	Wash basins.
12.9	Duty of common carrier in event of appearance of disease en route; isolation, etc., of yellow-fever cases.	12.25	Prevention of spitting.
12.10	Conveyances vacated by infected persons.	12.26	Ventilation and heating.
12.11	Cars, etc., from yellow-fever localities.	12.27	Bedding.
12.12	Use or shipment of articles exposed to infection.	12.28	Toilets and lavatories.
12.13	Use or shipment of certain oysters, clams, or other shellfish.	12.29	Dining cars and dining rooms.
12.14	Shipment of shaving or lather brushes.		Sanitation of stations and camps
		12.31	Stations.
		12.32	Migratory workers' camps.
			Water supplies
		12.41	On conveyances.
		12.42	At stations.
			Standards for common carriers in interstate commerce
		12.43	Source and supply system.
		12.44	Bacteriological.
		12.45	Physical and chemical.
			Water supplies on vessels
		12.46	Engaged in interstate and certain other commerce.
		12.47	Engaged in interstate commerce.

CROSS REFERENCES

Inspection required during interstate transportation of animals and poultry:

See Animals and Animal Products, 9 CFR Parts 71-77, 81.

Post Office Department regulations governing mail from infected localities, and delivery of mail where contagious disease prevails: See Postal Service, 39 CFR 12.8, 14.38.

Prevention of animal diseases through cooperation with the States under the Bureau of Animal Industry: See Animals and Animal Products, 9 CFR Parts 51-53, 58, 65, 66.

Section 12.1 Contagious and infectious diseases. For the purpose of interstate quarantine the following diseases shall be regarded as contagious and infectious diseases within the meaning of section 3 of the Act approved February 15, 1893: Plague, cholera, smallpox, typhus fever, yellow fever, typhoid fever, paratyphoid, dysentery, pulmonary tuberculosis, leprosy, scarlet fever, diphtheria, measles, whooping cough, epidemic cerebrospinal meningitis, anterior poliomyelitis, Rocky Mountain spotted or tick fever, syphilis, gonorrhea, chancroid, anthrax, influenza, pneumonia, epidemic encephalitis, septic sore throat, rubella, chickenpox, and psittacosis.[†] (Sec. 3, 27 Stat. 450, sec. 4, chapter XV, 40 Stat. 886; 42 U.S.C. 92, 25) [Sec. 1, amdt. 3, Dec. 20, 1933]

[†]The source of §§ 12.1 to 12.42, inclusive, (except for amendments noted in the text,) is Interstate quarantine regulations of the United States Public Health Service, Treasury Department, May 3, 1921.

12.2 Quarantine measures; persons or things. Any person or thing, either living or dead, which has been unduly exposed to or in intimate contact with or is infected with any of the diseases enumerated in § 12.1, except as otherwise provided in §§ 12.1–12.42, shall be regarded as contagious or infectious until the contrary has been proved, and if found in any car, vessel, vehicle, or conveyance undergoing interstate transportation, shall be subjected to such inspection, disinfection, or other measures as may be necessary to prevent the spread of the infection from them.*† [Sec. 2]

*§§ 12.2 to 12.47, inclusive, (with the exception noted in the text,) issued under the authority contained in sec. 3, 27 Stat. 450; 42 U.S.C. 92.

12.3 Duty of common carriers, infected persons, and others; prohibition against travel. Common carriers shall not knowingly accept for transportation from one State or Territory or the District of Columbia into another State or Territory or the District of Columbia any person suffering from any of the diseases mentioned in § 12.1, except as hereinafter provided; and no person knowing that he is in the communicable stage of any of the diseases enumerated in § 12.1 shall travel on any car, vessel, vehicle, or other conveyance engaging in interstate traffic, except as hereinafter provided, nor shall any parent, guardian, physician, nurse, or other person allow or procure such transportation for any minor, ward, patient, or other person under his charge.*† [Sec. 3]

12.4 Persons infected with certain diseases; prohibition against travel. No person infected with plague, cholera, smallpox, yellow fever, or typhus fever shall be received by common carriers, their agents, or employees, upon any vessel, car, vehicle, or conveyance operating in interstate traffic.*† [Sec. 4]

12.5 Travel of lepers. Common carriers shall not accept for transportation or transport in interstate traffic any person known by them to be afflicted with leprosy, nor shall any person so afflicted accept such transportation except as hereinafter provided.

(a) A person afflicted with leprosy shall be permitted to accept transportation upon presentation of permits from the Surgeon General of the United States Public Health Service, or his accredited representative, and from the health authorities of the States, Territories, or District of Columbia to and from which he intends to travel, stating that such person may be received under such restrictions, which shall be specified in each instance, as will prevent the spread of the disease, provided such person shall have agreed in writing to comply, and does so comply, with the restrictions as specified.

(b) Any person who presents symptoms of leprosy, and who is traveling or who has left the State where he resides in violation of the above regulations, shall be detained; and, if proved to be a leper, shall be returned to such State or removed to such Federal station as the Secretary of the Treasury may designate, and the proper health authorities notified.*† [Sec. 5]

12.6 Travel of diseased persons generally. Except as prohibited in § 12.3 and except leprosy, pulmonary tuberculosis, and venereal diseases provided for in other sections in §§ 12.1–12.42 common carriers shall not receive upon any car, vessel, or conveyance operating in interstate traffic any person known by them to be afflicted with any of the diseases enumerated in § 12.1, or any persons known to be a carrier of these diseases, unless removal and entrance permits have been granted by the State or local health officers at the places of departure and arrival, and unless such person is placed in a compartment separate from other passengers, is accompanied by a properly qualified nurse or other attendant, and unless such nurse or attendant has pledged himself or herself in writing, to the common carrier, to comply with paragraphs (a)–(e), and does so comply, while in transit:

(a) Communication with the compartment within which the patient is traveling shall be restricted to the minimum consistent with the proper care and safety of the patient.

(b) All dishes and utensils used by the patient en route shall be placed in a 5 percent solution of carbolic acid or other fluid of equivalent disinfecting value for at least 1 hour after they have been used and before being allowed to leave the compartment.

(c) All sputum and nasal discharges from the patient shall be received in gauze or paper, which shall be deposited in a paper bag or in a closed vessel and shall be destroyed by burning, or disinfected by immersing for at least 1 hour in a 5 percent solution of carbolic acid or other solution of equivalent disinfecting value.

(d) Said nurse or attendant shall, after performing any service to the patient, at once cleanse the hands by washing them in a 2 percent solution of carbolic acid or other fluid of equivalent disinfecting value.

(e) In the case of a person afflicted with typhoid fever, paratyphoid fever, or dysentery, the nurse or attendant shall pledge himself or herself in writing, to the common carrier, to comply with subparagraphs (1)–(4) while in transit, in addition to paragraphs (a)–(d) of this section:

(1) All urine and feces of the patient shall be received into a 5 percent solution of carbolic acid or other fluid of equivalent disinfecting value, placed in a covered vessel, thoroughly mixed, and allowed to stand for at least 2 hours after the last addition thereto before being burned, destroyed, or emptied.

(2) A sheet of rubber or other impervious material shall be carried and shall be spread between the sheet and the mattress of any bed that may be used by the patient while in transit.

(3) Said nurse or attendant shall use all necessary precautions to prevent the access of flies to the patient or his discharges.

(4) Provided, that if a person with typhoid, paratyphoid, or dysentery is presented at a railway station in ignorance of the regulations in this paragraph and his transportation is necessary as a life-saving or

*For statutory citation, see note to § 12.2.

†For source citation, see note to § 12.1.

safeguarding measure, an emergency may be declared, and the patient may be carried a reasonable distance in a baggage car if accompanied by an attendant responsible for his care and removal: Provided also, That paragraphs (a)–(e) of this section shall be complied with insofar as the circumstances will allow, and that all bedding, clothing, rags, or cloths used by the patient shall be removed with him: And provided further, That any parts of the car which have become contaminated by any discharges of the patient shall be disinfected as soon as practicable, but not later than the end of the run, by washing with a 5 percent solution of carbolic acid or other fluid of equivalent disinfecting value.*† [Sec. 6]

CROSS REFERENCES: For travel of lepers, see § 12.5. For travel of tubercular persons, see § 12.7. For travel of venereally infected persons, see § 12.8.

12.7 Travel of tuberculous persons. Common carriers, their agents or employees, shall not receive for interstate transportation any person known by them to be afflicted with pulmonary tuberculosis in a communicable stage unless said person is provided with (a) a sputum cup made of impervious material and so constructed as to admit of being tightly closed when not in use; (b) a sufficient supply of gauze, papers, or similar articles of the proper size to cover the mouth and nose while coughing or sneezing; (c) a heavy paper bag or other tight container for receiving the soiled gauze, paper, or similar articles; and unless such person shall obligate himself to use the articles provided for in the manner intended, and to destroy said articles by burning or to disinfect them by immersing for at least 1 hour in a 5 percent solution of carbolic acid or other solution of equivalent disinfecting value in a covered vessel.*† [Sec. 7]

12.8 Travel of venereally infected persons. (a) Any person infected with syphilis, gonorrhea, or chancroid who wishes to engage in interstate travel must first obtain a permit, in writing, from the local health officer under whose jurisdiction he resides. This permit shall state that, in the opinion of the health officer, such travel is not dangerous to the public health.

(b) Any person infected with syphilis, gonorrhea, or chancroid who wishes to change his residence from one State to another must first obtain his release, in writing, from the local health officer. He shall inform the local health officer as to the place where he intends to reside, and shall agree, in writing, to report in person to the proper health officer within one week after arrival at his new residence. It shall be the duty of the health officer who issues the release to promptly notify the health officer under whose jurisdiction the infected person is to enter of its issue. This release shall contain the name and address of the infected person. The receiving health officer shall, in turn, report the arrival of the infected person to the health officer who issued his release and notify the State health officer of his State that a person infected with venereal disease has entered his jurisdiction.

(c) Any person infected with syphilis, gonorrhea, or chancreoid who wishes to engage in interstate travel or change his residence shall agree to continue treatment under the direction of a reputable physician until the health officer, or his accredited representative, shall have complied with the State board of health requirements for release of venereally infected persons.*† (Sec. 3, 27 Stat. 450, sec. 4, chapter XV, 40 Stat. 886; 42 U.S.C. 92, 25) [Sec. 8]

12.9 Duty of common carrier in event of appearance of disease en route; isolation, etc., of yellow-fever cases. In the event of the appearance of any disease mentioned in § 12.1, with the exception of tuberculosis and venereal diseases, in any person aboard any car, vessel, vehicle, or conveyance operating in interstate traffic, the common carrier shall at once isolate the sick person and remove him from the car, vessel, vehicle, or conveyance at the first convenient place at which reasonable provision may be had for the protection of the patient and the public health, and shall immediately notify the Surgeon General of the United States Public Health Service and the State and local health officer of the place at which the person was removed from such car, vessel, vehicle, or conveyance.

In accordance with the foregoing paragraph, a yellow-fever case, occurring en route, shall be isolated in a compartment so screened as to prevent the entrance or exit of mosquitoes, or their access to the patient; and the patient shall not be disembarked in infectible territory unless thoroughly protected from mosquitoes, and unless permission for such disembarkation has been obtained from the State and local health officials having jurisdiction over the place of disembarkation.*† [Sec. 9]

12.10 Conveyances vacated by infected persons. Immediately after vacation by a person having any of the diseases mentioned in § 12.1, with the exception of pulmonary tuberculosis and venereal diseases, any berth, compartment, or stateroom should be closed and not again occupied until properly cleaned and disinfected, and all bedding, blankets, and linen in any such space should be laundered or otherwise thoroughly cleaned and disinfected before being again used.

In regard to a yellow-fever case, the compartment vacated by the patient shall be fumigated immediately upon disembarkation of patient in such manner as to insure the complete destruction of all mosquitoes contained therein.*† [Sec. 10]

12.11 Cars, etc., from yellow-fever localities. Common carriers shall neither cause, permit, nor allow to be hauled, removed, or transferred in interstate traffic any car, vessel, vehicle, or conveyance from a locality in which yellow fever prevails, unless there has been obtained from the Surgeon General of the United States Public Health Service, or his accredited representative, a certificate stating that said car, vessel, vehicle, or conveyance has been fumigated to destroy mosquitoes, or has been so safeguarded as to prevent the entrance of mosquitoes.*† [Sec. 11]

*For statutory citation, see note to § 12.2.

†For source citation, see note to § 12.1.

12.12 Use or shipment of articles exposed to infection. No person, firm, or corporation shall offer for use or shipment in interstate traffic, and no common carrier shall use or accept for shipment, or transport in interstate traffic, any article or thing known to have been unduly exposed to or in intimate contact with the contagion or infection of any of the diseases enumerated in § 12.1, unless a certificate has previously been obtained from the proper health authority^s stating that the article or thing has been sterilized, pasteurized, or otherwise treated in such manner as to insure the article is free from the danger of conveying contagion or infection and, in the case of yellow fever, Rocky Mountain spotted or tick fever, or typhus fever, free from mosquitoes, ticks, or lice.

(a) All articles of food or drink for the use of passengers traveling in interstate traffic shall be so handled and stored as to prevent contamination with said contagion or infection.

(b) After notification in writing by the proper health authorities, common carriers shall not use or transport, or accept for transportation, in interstate traffic, milk from premises on which there exists a case of cholera, scarlet fever, diphtheria, epidemic sore throat, typhoid fever, or paratyphoid fever unless said milk is accompanied by a certificate that it has been properly pasteurized under official supervision.*† [Sec. 12]

12.13 Use or shipment of certain oysters, clams, or other shellfish. After notification in writing by the proper authorities, common carriers shall not use or transport, or accept for transportation in interstate traffic, any oysters, clams, or other shellfish which have been grown, fattened, or handled in such a way as to render them liable to become agents in the interstate spread of disease, and the Surgeon General of the United States Public Health Service shall from time to time cause sanitary inspections to be made by officers of the Public Health Service of beds used for growing or fattening oysters, clams, or other shellfish and of shucking houses and other similar places in which oysters, clams, or other shellfish are shucked or otherwise prepared for interstate shipment, and he may forbid the interstate shipment of any such oysters, clams, or other shellfish which are produced or handled in a manner which will render them liable to become agents for the interstate spread of disease.*† [Sec. 13]

12.14 Shipment of shaving or lather brushes. No person, firm, or corporation shall offer for shipment in interstate traffic, and no common carrier shall accept for shipment or transport in interstate traffic any shaving brush or lather brush unless manufactured in accordance with the following regulations:

(a) Shaving brushes or lather brushes shall be made only from hair or bristles known to be free from anthrax spores.

^sThe term "proper health authority" shall be construed to mean the health officer within whose jurisdiction the article or thing originates, or, during the presence of epidemic, the officer in charge of the measures to prevent the spread of same.

*For statutory citation, see note to § 12.2.

†For source citation, see note to § 12.1.

(b) Unless hair or bristles are known to be free from anthrax spores before such bristles are made up into shaving or lather brushes, their disinfection shall be accomplished by one of the following methods: (1) By boiling the hair or bristles for not less than 3 hours; (2) by exposing the hair or bristles to steam under not less than 15 pounds gauge pressure for no less than 30 minutes with preliminary vacuum of not less than 10 inches before turning on the steam; (3) by exposure to streaming steam for not less than 6 hours.

(c) All shaving or lather brushes shall be permanently marked with the name of the manufacturer or with a registered trade-mark in order to insure identification of the manufacturer and enforcement of this section.*† [Sec. 14]

12.15 Shipment of animals from Rocky Mountain spotted fever localities. During the period beginning March 15 and ending June 15 of each year, common carriers shall not accept for interstate shipment, and no person shall offer for interstate shipment, any cattle, horses, sheep, goats, elk, deer, or hogs originating in a locality where Rocky Mountain spotted fever is known to exist, unless said shipment is accompanied by a certificate from a Federal, State, or local health authority, or an inspector of the Bureau of Animal Industry of the United States Department of Agriculture, or a State veterinarian or his deputy, setting forth that the said animals are free of all wood ticks, or have been freed thereof by hand picking, spraying, or dipping in a disinfectant solution of sufficient strength and for a sufficient time to kill all ticks attached to the said animals, such hand picking, spraying, or dipping to be accomplished immediately prior to leaving the infected territory.*† [Sec. 15]

12.16 Prevention of spread of plague. In the event of the appearance of human or rodent plague in any port or place within the United States, the Surgeon General of the United States Public Health Service shall establish such outgoing quarantine measures as will, in his opinion, prevent the introduction of the disease into another State or Territory or the District of Columbia: Provided, That freight which is known to have originated in rat-free warehouses, docks, or wharves, in rat-proof, rat-free cars, vessels, vehicles, or conveyances, may be granted pratique for interstate transportation when so certified by the Surgeon General of the United States Public Health Service or his accredited representative.*† [Sec. 16]

12.17 Shipment of birds of parrot family. No person, firm or corporation shall offer for shipment in interstate traffic, and no common carrier shall accept for shipment or transport in interstate traffic, any parrot, parakeet, love bird, macaw, cockatoo, lory, lorikeet, or any other bird of the parrot or psittacine family, unless an accompanying certificate has been obtained from the State health authority to the effect that to the best of the knowledge and belief of such authority such bird as may be offered for shipment has originated from an aviary, or other distributing establishment, free from psittacosis infection, as determined by inspection of birds and the environment in which they have been reared and housed, the history of such establishment as regards psittacosis infection, sup-

*For statutory citation, see note to § 12.2.

†For source citation, see note to § 12.1.

plemented by such laboratory examination of birds, selected by a representative of the certifying authority, as may be deemed necessary to enable the certifying authority to determine that the birds offered for shipment are free from psittacosis infection; Provided, That no bird of the species above mentioned that is under 8 months of age shall be offered or accepted for shipment or transport in interstate traffic.

Certificates accompanying shipment of psittacine birds transported under provisions of this section shall be surrendered by the common carriers to the health authorities at the destination of the shipment.*† [Sec. 151½, amdt. 2, Sept. 28, 1932, amdt. 4, Dec. 20, 1933]

CROSS REFERENCES: For regulations relating to the importation of parrots, see Part 16. For Bureau of Customs regulations relating to parrots imported into the United States, see 19 CFR 10.23.

SANITATION OF CONVEYANCES

12.21 General. All cars, vessels, vehicles, or conveyances while engaged in interstate traffic shall be maintained at all times in a clean and sanitary condition.

(a) Common carriers shall not permit, or cause, either the brushing of passengers' clothing in the body of any car, vessel, vehicle, or other conveyance operating in interstate traffic, or the cleaning by dry sweeping with an ordinary broom, or by dry dusting, while the same is occupied by passengers.

(b) Such equipment shall be cleaned thoroughly at intervals of not more than seven days, the cleaning to consist of scrubbing the exposed floors with soap and water; similarly scrubbing the toilets and toilet-room floors; wiping down the woodwork with moist or oiled cloths; thorough dusting of upholstery and carpets by beating and brushing, or by means of the vacuum process or compressed air; washing or otherwise cleaning windows; and thorough airing.

(c) When offensive odors appear in toilets or other parts of the car, vessel, vehicle, or conveyance used in interstate traffic which are not obliterated and removed by cleaning, as in paragraph (b), said toilets or other parts shall be treated with a 1 percent solution of formaldehyde or other odor-destroying substance.

(d) When a car, vessel, vehicle, or conveyance used in interstate traffic is known to have become infested with bedbugs, lice, fleas, or mosquitoes it shall be so treated as to destroy such insects effectively, and it shall not be used in service until such treatment has been given.

(e) The living quarters for the personnel of vessels shall be fumigated at least once every 6 months for the extermination of insects and vermin, and also upon the removal of a case or cases of any insect-borne disease.*† [Sec. 21]

12.22 Common towels. Common carriers shall not provide in cars, vessels, vehicles, or conveyances operated in interstate traffic, or in depots, waiting rooms, or other places used by passengers traveling from one State or Territory or the District of Columbia to another State or Territory or the District of Columbia, any towel

for use by more than one person: Provided, That towels may be used again after having been cleansed and sterilized.*† [Sec. 22]

12.23 Common drinking cups. Common carriers shall not provide in cars, vessels, vehicles, or conveyances operated in interstate traffic, or in depots, waiting rooms, or other places used by passengers traveling from one State or Territory or the District of Columbia to another State or Territory or the District of Columbia, any drinking cup, glass, or vessel for common use: Provided, That this section shall not be held to preclude the use of drinking cup, glasses, or containers which are thoroughly cleansed or sterilized after use by each individual, nor shall it be held to preclude the use of sanitary devices for individual use only.*† [Sec. 23]

12.24 Wash basins. Spitting or blowing the nose into or brushing the teeth over wash basins in cars, vessels, vehicles, or conveyances operated in interstate traffic is prohibited. Separate basins for brushing the teeth shall be provided in the wash rooms of sleeping cars.*† [Sec. 24]

12.25 Prevention of spitting. Common carriers by land or water while engaging in commerce between any of the several States or Territories or the District of Columbia shall take adequate measures by the use of warning signs or cuspidors, or both, for the prevention of the soiling of cars, vessels, vehicles, or conveyances with sputum. The cuspidors shall be adequate in size and number, shall be provided in all sleeping and smoking cars, compartments, or rooms, and shall be maintained at all times in a clean and sanitary condition.*† [Sec. 25]

12.26 Ventilation and heating. All cars, vessels, vehicles, or conveyances operating for the use of passengers traveling in interstate traffic shall be so ventilated as to insure an adequate supply of fresh air at all times, and so heated in cold weather as to maintain comfort, the temperature generally not to exceed 70° F., and in sleeping compartments or rooms not to exceed 60° F. at night after passengers have retired.*† [Sec. 26]

12.27 Bedding. Any common carrier, whether person, firm, or corporation, supplying sleeping accommodations for passengers traveling in interstate traffic shall furnish the bed, couch, or other appliance used for sleeping purposes with clean sheets and pillowcases which have not been used by any other person since last laundered: Provided, That blankets, pillows, and mattresses which have not been used by any person suffering from a disease mentioned in § 12.1, if physically clean and free from vermin, may be used if they are so enveloped as not to come in contact in any way with any occupant of such bed, couch, or other appliance for sleeping purposes.*† [Sec. 27]

12.28 Toilets and lavatories. Toilets and lavatories on cars, vessels, vehicles, or conveyances, including railway express and baggage cars, operating for the use of passengers or occupants traveling in interstate traffic, shall be of adequate size, design, and number and shall be maintained in a clean and sanitary condition. The toilets shall be supplied with toilet paper.

*For statutory citation, see note to § 12.2.

†For source citation, see note to § 12.1.

The toilet rooms in all railway cars shall be locked or otherwise protected from use while trains are standing at stations, passing through cities, or passing over watersheds draining into reservoirs furnishing domestic water supplies, unless adequate watertight containers are securely placed under the discharge pipe. The State health authority having jurisdiction shall designate the area of watersheds that may be affected by pollution from railroads and shall notify the managing officers of railroads as to the points between which all toilets shall be locked.*† [Sec. 28]

12.29 Dining cars and dining rooms. All dining cars, or dining rooms of vessels, shall be maintained at all times while in operation in interstate traffic in accordance with the following requirements, in addition to the other regulations in §§ 12.1–12.42. The words “dining car, or dining room of vessel” as used in this section shall be held to include all cars or rooms of vessels in which food is prepared or served.

(a) Dining cars or dining rooms of vessels shall be screened against the entrance of flies or other insects, and it shall be the duty of the employees to destroy flies or other insects that may gain entrance.

(b) A proper lavatory with soap and clean towels shall be provided in all dining cars or dining rooms of vessels for the use of employees and shall be kept in a clean and sanitary condition at all times.

(c) Dining-car or dining-room employees shall thoroughly cleanse their hands by washing with soap and water after using a toilet or urinal and immediately before beginning service.

(d) All cooking table and kitchen utensils, drinking glasses, and crockery used in the preparation or serving of food or drink in dining cars or dining rooms of vessels shall be thoroughly washed in boiling water and suitable cleansing material after each time they are used.

(e) No spoiled or tainted food, whether cooked or uncooked, shall be served in any dining car or dining room of vessel, and no milk or milk products shall be served unless the milk is Grade A pasteurized as defined in the United States Public Health Service sanitary milk code or Grade A boiled, except that certified milk as defined in the standards adopted by the American Association of Medical Milk Commissions may be served in addition if the carrier elects.

(f) Refrigerators, food boxes, or other receptacles for the storing of fresh food in dining and buffet cars, or on vessels, shall be emptied and thoroughly washed with soap and hot water at least once in each 7 days that they are in use.

(g) Garbage cans in sufficient number and with suitable tight-fitting covers shall be provided in dining cars, or on vessels, to care for all refuse food and other wastes, and such wastes shall not be thrown from the car, vessel, vehicle, or conveyance along the right of way within the limits of cities, towns, or villages, or within drainage areas furnishing domestic water supplies.

(h) No person shall serve as a cook, waiter, or in any other capacity in the preparation or serving of food in a dining car, or on a vessel, who is known or suspected to have any communicable disease.

All persons employed for such service shall undergo a physical examination by a competent physician before being assigned to service, and before returning to work after any disabling illness, and at such other times during their service as may be necessary to determine their freedom from such diseases, and shall be immediately relieved from service if found to be so afflicted.

(i) The person in charge of the dining car, or dining room of vessel, shall be responsible for compliance with all regulations pertaining thereto, and he shall make an inspection of the car or room each day for the purpose of maintaining a rigorous cleanliness in all portions thereof.*† [Sec. 29, amdt. 1, Feb. 15, 1929]

SANITATION OF STATIONS AND CAMPS

12.31 Stations. All stations used by the traveling public, including waiting rooms, lunch rooms, restaurants, wash rooms, and toilets, shall be kept in a clean and sanitary condition at all times, to be insured by mechanical cleaning at regular intervals.*† [Sec. 30]

12.32 Migratory workers' camps. Common carriers, whether persons, firms, or corporations maintaining camps of migratory workers, shall at all times maintain such camps in a proper sanitary condition and shall take proper measures to maintain the camps so occupied in a vermin-free condition, and shall exercise such other precautions as will prevent the interstate spread of disease from such camps and the Surgeon General may from time to time detail officers or employees of the United States Public Health Service to make such inspections as shall be necessary for the enforcement of this section.*† [Sec. 31]

WATER SUPPLIES

12.41 On conveyances. Water provided by any person, firm, company, or corporation for drinking or culinary purposes on any car, vessel, or other conveyance while engaged in interstate traffic shall be from a source which is approved by the Surgeon General of the United States Public Health Service as producing water of satisfactory sanitary quality and safety.

(a) Certificates for water supplies used for the aforesaid purposes shall be procured from the United States Public Health Service and filed by the common carrier, whether person, firm, company, or corporation, whenever the Surgeon General of the United States Public Health Service may direct, but not less often than semiannually, in March and September: Provided, That where such water supplies are under the adequate supervision of the respective State departments of health, certificates may be required but once annually, with the approval of the Surgeon General of the United States Public Health Service.

(b) Certificates concerning the safety and sanitary quality of such water shall be based upon its relative freedom from contamination, or exposure to contamination, by microorganisms and substances recognized as harmful or deleterious to the consumer's health or liable

*For statutory citation, see note to § 12.2.

†For source citation, see note to § 12.1.

to spread infectious or contagious disease, as determined through a survey of the sanitary conditions under which the supply is produced and the results of bacteriological and chemical analysis of samples of the water. In making such determinations, survey and laboratory methods which are acceptable to the Surgeon General of the United States Public Health Service shall be followed.

(c) Certificates for water supplies may be prepared by the respective State departments of health having jurisdiction over the sources of supply or by officers of the United States Public Health Service, and are to be forwarded to the Surgeon General of the United States Public Health Service for approval.

(d) Common carriers whether persons, firms, companies, or corporations, providing water from approved supplies shall cause such water to be handled from the source of supply to the delivery to consumers in such manner that the safety or sanitary quality of such water shall not be impaired. Water cooled for drinking purposes shall be cooled in such manner that ice cannot come into contact with such water.

(e) Water coolers and containers shall be cleansed at least once in each week while in use. The storage tanks for water for drinking and culinary purposes shall be drained and flushed regularly. Scrubbing of the interior of storage tanks on vessels, or the entrance into them for purposes other than repairing is forbidden.

(f) Certificates of inspection covering the methods of obtaining, purifying, and distributing water supplies for drinking and culinary purposes on vessels shall be procured from the United States Public Health Service and filed by the common carrier whenever the Surgeon General of the United States Public Health Service may direct, but in any case not less often than once a year.

(g) Portable hose or tubing that is used for filling drinking-water containers, or storage tanks from which such containers are filled, shall have metal nozzles with a smooth surface, which shall be protected from dirt and contamination, and before the free end or nozzle of said hose or tubing is put into the water container or storage tank it shall be flushed and washed by a plentiful stream of water.

(h) The provisions of this section shall also apply to vessels plying between foreign ports on or near the frontiers of the United States and adjacent ports in the United States.*† [Sec. 19]

12.42 At stations. Where water is supplied for the use of patrons, employees, or others at stations and a report is received from the United States Public Health Service that such supply is unsatisfactory or questionable as to safety and purity, the further use of such water at stations will depend upon the character of certificate issued by the United States Public Health Service.*† [Sec. 20]

STANDARDS FOR COMMON CARRIERS IN INTERSTATE COMMERCE

12.43 Source and supply system. (a) The water supply shall be—

- (1) Obtained from a source free from pollution; or
- (2) Obtained from a source adequately protected by natural agencies from the effects of pollution; or

(3) Adequately protected by artificial treatment.

(b) The water supply system, including reservoirs, pipe lines, wells, pumping equipment, purification works, distributing reservoirs, mains and service pipes, shall be free from sanitary defects.* [Sec. 1, Drinking Water Standards, Sec. Treas., June 20, 1925]

NOTE: The report of the advisory committee on official water standards, notes, and appendices containing an enumeration of the most valuable bacteriological examinations, etc., are published by the U. S. Public Health Service in Reprint No. 1029, from the Public Health Reports, vol. 40, No. 15, Apr. 10, 1925, pp. 693-721.

12.44 Bacteriological. (a) Of all the standard (10 cc.) portions examined in accordance with the procedure specified below, not more than 10 percent shall show the presence of organisms of the *B. coli* group.

(b) Occasionally three or more of the five equal (10 cc.) portions constituting a single standard sample may show the presence of *B. coli*. This shall not be allowable if it occurs in more than—

(1) Five percent of the standard samples when 20 or more samples have been examined;

(2) One standard sample when less than 20 samples have been examined.

The *B. coli* group is defined, for the purposes of this test, as in Standard Methods of Water Analysis, American Public Health Association, New York, 1923, and the procedures for demonstration of organisms of this group shall conform to those of the "completed test" as therein specified.

The standard portion of water for this test shall be 10 cubic centimeters.

The standard sample for this test shall consist of five standard portions of 10 cubic centimeters each.⁹ * [Sec. 2, Drinking Water Standards, Sec. Treas., June 20, 1925]

12.45 Physical and chemical. The water should be clear, colorless, odorless, and pleasant to the taste, and should not contain an excessive amount of soluble mineral substances nor of any chemicals employed in treatment.¹⁰ * [Sec. 3, Drinking Water Standards, Sec. Treas., June 20, 1925]

WATER SUPPLIES ON VESSELS

12.46 Engaged in interstate and certain other commerce. On and after April 15, 1921, any person, firm, or corporation operating vessels in interstate traffic or between foreign ports on or near the frontiers of the United States and adjacent ports in the United States will be required to furnish on such vessels water for drinking or culinary purposes under one of the following conditions:

(a) If water for drinking or culinary purposes is not obtained ashore, it must be treated by an approved method.

(b) If water for drinking or culinary purposes is obtained ashore, it must be from an approved source or treated by an approved method.

^{9, 10} See note at end of § 12.43.

*For statutory citation, see note to § 12.2.

On and after April 15, 1921, the piping system on all vessels must be so arranged that no connection can be made between the drinking-water system and any other water system aboard.

On and after April 15, 1921, an approved sign, stating that the water is unfit to drink, must be properly placed at every tap or other outlet from which water of an unsatisfactory sanitary quality and safety may be obtained.* [Dept. circ. 234, Mar. 3, 1921]

12.47 Engaged in interstate commerce. All vessels engaged in interstate traffic or handling passengers traveling interstate, or freight which is being transported interstate, are subject to the interstate quarantine regulations of the United States (§§ 12.1–12.42). Special requirements have been prepared for the supervision of the water supplies used for drinking and culinary purposes on such vessels, subject to the regulations in this section. In order that unnecessary and expensive changes, often requiring delay of vessels from their regular business, may be avoided, the following information is herewith prepared for the guidance of naval architects and the managing officials and designing engineers of shipbuilding and repairing companies.

(a) If water for drinking and culinary purposes is to be taken by the vessel en route from overboard, it will be necessary that a system of purification be provided, which is satisfactory to the United States Public Health Service.

(b) The storage of water on the vessel for drinking and culinary purposes, either when purified aboard or taken from approved supplies ashore, shall be in tanks of adequate capacity for the needs of the passengers and crew; all tanks shall be of such design that they can be readily and completely drained and flushed, and that the water contained therein will be kept free from exposure to contamination. All possible points where leakage may occur shall be eliminated or designed so as to reasonably minimize the possibility of leakage. The covers of all openings into the tanks shall be watertight.

(c) The filling arrangement to such tanks should be so installed as to make it unnecessary that large manholes and other openings be kept uncovered. A small filling pipe with cap should be provided for the purpose of filling the tanks.

(d) There shall be no physical connection whatever between the drinking water tanks, pipes, pumps or any part of the system and any other water system on the vessel, or to the sea-cock, bilge pump, fire pump or boiler feed supply, (if other than the drinking water is ever used for this latter purpose).

(e) The use of storage tanks, containing drinking or culinary water, built in the fore and aft parts of a vessel by placing a bulkhead across the ship and allowing the hull to form part of the tank is strongly discouraged, because such tanks are difficult of access and in case of leakage are subject to potential contamination.

(f) In no case shall soil pipes from water closets or drainage pipes of any kind pass through storage tanks containing water for drinking and culinary purposes.

(g) There should be no water connections in the kitchens whereby it may be possible to draw water from any but the drinking and culinary water supply.

(h) All spigots, faucets or connections whereby it is conveniently available to draw water from other than the regular drinking water supply on board the vessel shall be posted with permanent signs warning that the water is not safe for drinking.

(i) Arrangements should be made for the cooling of drinking water on the vessel so that there can be no contact between the water and the cooling ice. This can be most conveniently accomplished by the use of coils in the ice-chest.

(j) The use of lead pipe in connection with the drinking water system on board the vessel is prohibited.* [Dept. circ. 282, Mar. 23, 1922]

PART 16—IMPORTATION OF PARROTS

Sec.	Sec.
Birds of the parrot family	16.3 Entry of individual privately owned.
16.0 Importation restricted.	16.4 Disposition of excluded birds; noncompliance with regulations by vessels.
16.1 Definition.	
16.2 Restriction on and conditions of entry.	

CROSS REFERENCES

Shipment of birds of parrot family in interstate traffic: See § 12.17.

Bureau of Customs regulations governing the importation of parrots: See Customs Duties, 19 CFR 10.23.

BIRDS OF THE PARROT FAMILY

Section 16.0 Importation restricted. In order to prevent the further introduction of disease communicable from parrots to human beings, from ports outside of the continental United States into the United States, by virtue of the authority vested in me by section 7 of the Act of Congress approved February 15, 1893, entitled, "An Act granting additional quarantine powers and imposing additional duties upon the Marine-Hospital Service," it is ordered that no parrots may be introduced into the United States or any of its possessions or dependencies from any foreign port, for such period of time as may be deemed necessary, except under such conditions as may be prescribed by the Secretary of the Treasury. (Sec. 7, 27 Stat. 452; 42 U.S.C. 111) [E.O. 5264, Jan. 24, 1930]

16.1 Definition. For the purpose of the regulations in §§ 16.1–16.4 the term "birds of the parrot family" (*Psittacidae*) shall include all birds commonly known as parrots, Amazons, Mexican double heads,

*For statutory citation, see note to § 12.2.

African grays, cockatoos, macaws, parrakeets, love birds, lories, lorikeets, and all similar birds.*†

*§§ 16.1 to 16.4, inclusive, issued under the authority contained in Executive Order 5264, Jan. 24, 1930 (§ 16.0).

†In §§ 16.1 to 16.4, inclusive, the numbers to the right of the decimal point correspond with the respective paragraph numbers in Regulations governing the importation of birds of the parrot family into ports of the United States. Secretary of the Treasury, revised Dec. 20, 1933. The amendment of June 1, 1938, is noted in brackets following section affected.

16.2 Restriction on and conditions of entry. Until further notice, birds of the parrot family less than 8 months in age shall not be permitted entry at United States ports from foreign ports or ports in the possessions and dependencies of the United States; birds of the parrot family of an age greater than 8 months may be permitted entry at United States ports from foreign ports or ports in the possessions and dependencies of the United States under the following conditions:

(a) Shipments of more than five birds each must be accompanied by a certificate from the duly constituted sanitary authority at place of origin to the effect that to the best of the knowledge and belief of such authority such bird as may be offered for shipment has originated from an aviary, or other distributing establishment, free from psittacosis infection, as determined by inspection of birds and the environment in which they have been reared and housed, the history of such establishment as regards psittacosis infection, supplemented by such laboratory examination of birds, selected by a representative of the certifying authority, as may be deemed necessary to enable the certifying authority to determine that the birds offered for shipment are free from psittacosis infection.

(b) Parrots and birds of similar size may be imported in shipments of not more than 100 birds, if transported in approved sanitary crates containing not more than 10 birds each, and providing not less than one cubic foot of space per bird.

(c) Parrakeets, love birds, and birds of similar size, may be imported in shipments of not more than 200 birds, if transported in approved sanitary crates containing not more than 25 birds each and having not less than 216 cubic inches of inclosed air space per bird.

(d) Macaws, large cockatoos, and birds of similar size, may be imported in shipments of not more than 20 birds, if transported in approved sanitary crates containing not more than one bird each.

(e) Approved shipping crates shall be either of metal or wood construction, having a water tight bottom, and shall be fitted with a removable false bottom of wire mesh screen located not less than 2 inches above the bottom, and sufficient suitable hardwood perches located at such a height above the false bottom as to provide clearance for the bird's tail feathers. The top and sides of the crates shall be fitted with some projection or device to maintain the crates not less than 2 inches apart from each other when stacked together.

(f) All birds shall be protected during shipment from the weather and extremes of temperature, especially cold, and shall be fed and watered (if dry fed) and the bottom of the crate thoroughly cleaned at least once daily while en route.

(g) All sick birds shall be removed from the crate as soon as discovered en route and maintained in a compartment entirely separate from the shipment.

(h) Shipments shall be removed from shipping crates upon arrival at the quarantine station and caged in individual cages furnished by the importing consignee, and the shipping crates shall be suitably disinfected. The birds of each respective shipment shall be detained separately. Trained and experienced caretakers may be provided by the consignee to care for shipments held in quarantine detention; a charge of \$2 per day will be made for subsistence and lodging furnished to each of such caretakers; bills for subsistence and lodging or care must be paid to collector of customs prior to release of shipment. When care is furnished by the Government, a charge will be made at the rate of \$5 per day for each 100 birds, or fraction thereof, held in detention.

(i) The importation of shipments of birds of the parrot family shall be limited to the United States ports at which Federal quarantine detention facilities are maintained. All shipments shall be detained at the quarantine station for a 15-day period of observation to assure healthiness and to permit such laboratory examination of birds selected by the quarantine officer as may be deemed necessary to enable him to satisfy himself that the birds are free from psittacosis infection.

(j) No shipment shall be released from quarantine at expiration of the period of detention in which suspicious illness is observed to occur, and suspicious shipments will be held in quarantine for such period and for such disposition as the Surgeon General of the Public Health Service may deem necessary.

(k) Prior to release of shipment of birds of the parrot family from the quarantine observation provided for under (i), the State health officer within whose jurisdiction the final point of destination of the shipment is located will be advised by letter of the origin of the shipment, the number of birds released, the name and address of the consignee, the length of quarantine observation and the date of release therefrom.

(l) When so requested, the quarantine officer shall issue, over his signature, a certificate of release from quarantine, worded as follows:

This will certify that a shipment consisting of ----- (number and species of birds) originating from ----- and consigned to -----
----- (give name and address of consignee) has been held under observation at the U. S. Quarantine Station at ----- from -----
----- (date) to ----- (date) during which period of detention no actual or suspected case of psittacosis was detected among the birds comprising the shipment and that upon completion of this period of observation, the birds were apparently healthy and in good condition, and accordingly were released from quarantine detention on ----- (date).

(m) Imported shipments of birds of the parrot family requiring interstate transportation in order to be delivered direct to importing consignee, are required to be accompanied by a foreign sanitary certificate of origin plus the certificate of release from quarantine at United States port of entry, which together will be accepted for

direct interstate transportation of such birds to the importing consignee, in lieu of the certificate of origin called for under the interstate quarantine regulations.

(n) Medical officers in charge of quarantine stations will retain in station files copies of all foreign sanitary certificates of origin covering imported shipments arriving at their port, together with copies of any certificates of release from quarantine issued for shipments satisfactorily completing the prescribed period of quarantine detention observation.*†

CROSS REFERENCE: For interstate quarantine regulations, see §§ 12.1-12.42.

16.3 Entry of individual privately owned. Individual privately owned birds of the parrot family (not exceeding five in number) which have been maintained in good sanitary environment in the quarters of an accompanying owner for not less than 60 days prior to arrival, and which have not been exposed to contact meanwhile with other birds of the parrot family, following proper certification of these facts by the owner, and if apparently well, may be permitted entry without quarantine detention for transportation directly to the home of the accompanying owner. The sanitary certificate of origin prescribed in § 16.2 (a) will not be required for such private importations, but such importations must be inspected and passed by a quarantine officer of the United States Public Health Service before release for entry into the United States.*† [Amdt. 1, June 1, 1938]

16.4 Disposition of excluded birds; noncompliance with regulations by vessels. Birds of the parrot family excluded from entry under the regulations in §§ 16.1-16.4 shall be destroyed or deported on the vessel upon which they arrive; provided that they may be transferred to some other vessel or vehicle in the same port for reshipment to a foreign port when approved by the quarantine officer of the port. Any vessel arriving from foreign ports with birds of the parrot family on board not complying with the regulations in this part, may be permitted to enter port under provisional pratique, which shall be conditioned upon all such birds aboard being detained on board while in such United States ports. All other public or private vehicles of transportation or persons transporting birds of the parrot family from foreign ports not complying with the regulations in this part will be refused entry when so engaged.*†

PART 21—ARSPHENAMINE AND DERIVATIVES

Sec.	Sec.
21.1 Interstate and foreign traffic.	21.6 Manufacturer to furnish samples of each lot and protocols of tests.
21.2 Only licensed laboratories to manufacture.	21.7 Manufacturer to retain portion of each lot.
21.3 Licensed laboratories subject to inspection.	21.8 Labeling of ampules and containers.
21.4 Manufacturer to keep certain records.	21.9 Release for sale; withdrawal from market.
21.5 Tests for purity and safety.	

Section 21.1 Interstate and foreign traffic. The arsphenamines offered for sale or importation shall not be sold in interstate traffic nor exported or imported except as provided herein.*†

*§§ 21.1 to 21.9, inclusive, issued under the authority contained in sec. 4, 32 Stat. 729; 42 U.S.C. 145.

†In §§ 21.1 to 21.9, inclusive, the numbers to the right of the decimal point correspond with the respective paragraph numbers in Regulations for the control of the manufacture, importation and sale of arsphenamine and its derivatives, neoarsphenamine, sodiumarsphenamine, silver arsphenamine, neosilverarsphenamine, phospharsphenamine, and sulpharsphenamine, referred to collectively as "The Arsphenamines", approved by the Secretary of the Treasury, Sept. 20, 1923. The amendment of Dec. 3, 1924, is noted in brackets following the section affected.

21.2 Only licensed laboratories to manufacture. The arsphenamines shall be manufactured only in laboratories which have been duly licensed by the Secretary of the Treasury upon recommendation of the Surgeon General of the Public Health Service but no recommendation for license will be made until clinical evidence of the safety of the preparation has been submitted by the manufacturer.*† [Amdt. 1, Dec. 3, 1924]

21.3 Licensed laboratories subject to inspection. Laboratories licensed for the manufacture of any of the arsphenamines shall be subject to inspection, at any time, by officers of the Public Health Service when detailed by the Surgeon General.*†

21.4 Manufacturer to keep certain records. The manufacturer shall keep records (a) of the production, (b) of the tests made to determine the purity and safety, and (c) of the distribution of each lot of any of the arsphenamines which is to be sold under the regulations in this part.*†

21.5 Tests for purity and safety. The tests to be made for determining the purity and safety of each lot of any of the arsphenamines shall include those for (a) stability, (b) solubility, (c) arsenic content, and (d) relative nontoxicity.

(a) Stability shall be determined by exposing the ampuled product to a temperature of 56° C. for a period of at least 24 hours, during which time it should show no marked change in color, consistency, or solubility.

(b) Any product, both before and after being subjected to the above test, shall be completely soluble in distilled water within 15 minutes, in a concentration as great as is recommended for its intravenous administration.

(c) The arsenic content shall be determined by Lehmann's method as described in Public Health Reports, volume 33, June 21, 1918, page 1012; the minimal amount allowed for arsphenamine is 30 percent and for any of its derivatives above mentioned, 19 percent. Variations above these figures are permissible provided the theoretical arsenic content of the preparation is not exceeded.

(d) The relative nontoxicity shall be determined by administration of the arsphenamines, in the concentrations and doses given below into the saphenous vein of healthy albino rats weighing from 100 to

*†For statutory and source citations, see note to § 21.1.

150 grams (pregnant females excluded) at the rate of 0.1 cc. in 12 to 15 seconds. For each toxicity test at least five rats shall be used, and at least 60 percent must survive the periods of observation stated below, but, in any case, the final result must be based on the total number of rats injected. The rats should be fed a well-balanced ration¹¹ but should have no access to food for from 12 to 18 hours preceding injection. An adequate supply of fresh, clean water should be provided at all times. If it is not practicable to use rats, rabbits weighing 1,500 to 2,000 g. may be substituted, the injections to be made intravenously into the ear vein, and the dosage in mg. per kg. to be the same as for rats; or, mice may be substituted provided the dosage in mg. per kg. is made 20 percent higher. The mice should weigh about 20 g. and are injected in a tail vein.*†

DOSES, CONCENTRATIONS, AND PERIODS OF OBSERVATION

Product	Tolerated dose in mg. per kg.	Concentration of solution	Period of observation
		Percent	Days
Arsphenamine ¹ -----	120	2	2
Neoarsphenamine-----	240	4	6
Sodium arsphenamine-----	180	4	2
Silver arsphenamine ² -----	140	2	2
Neosilverarsphenamine ³ -----	240	4	4
Phospharsphenamine-----	240	4	3
Sulpharsphenamine ⁴ -----	300	4	3

¹ Arsphenamine must be converted into its disodium salt solution before making up to final volume, by adding 0.85 cc. normal sodium hydrate per 0.1 gram of the drug used. To insure stabilization of the solution it should stand at room temperature for from 15 to 30 minutes before the injections are begun.

² Silver arsphenamine should have a silver content of 13 percent, but a variation of 1 percent in either direction is permissible.

³ Neosilverarsphenamine should have a silver content of between 6 and 7 percent.

⁴ Sulpharsphenamine should have a sulphur content of about 10 percent with permissible variations in either direction of 1 percent.

21.6 Manufacturer to furnish samples of each lot and protocols of tests. The manufacturer shall forward to the Hygienic Laboratory [National Institute of Health] not less than 10 ampules, maxi-

¹¹ The following simple diet in use at the Hygienic Laboratory [National Institute of Health] has proved to be highly satisfactory and is recommended, as it is believed that a standard diet is essential if comparable results among laboratories are to be obtained:

	Percent		Percent
Graham flour-----	53.5	Cod liver oil-----	2.0
Skimmed milk powder-----	33.3	Sodium chloride-----	1.0
Whole corn meal-----	10.0	Calcium carbonate-----	.2

(1) Mix the cod liver oil with the corn meal.

(2) Mix all other constituents.

(3) Mix (1) and (2).

imum size human dose, from each lot, together with the protocols of the tests set forth above; these protocols should be furnished on forms approved by the Surgeon General, Public Health Service, or his representative.*†

21.7 Manufacturer to retain portion of each lot. Manufacturers shall retain 2 percent of the product from each lot for a period of 3 months from the time the preparation is placed on the market, provided that in no case the amount retained is less than 10 ampules of maximum size doses.*†

21.8 Labeling of ampules and containers. Each ampule shall be plainly labeled showing the amount (in grams) of drug contained, the lot number, the official name of the preparation, and the name of the manufacturer. The label should be small, leaving as much as possible of the glass exposed to afford ready inspection of the drug. Preferably the lower margin of the label should be not less than three-fourths inch from the bottom of the ampule. The container of one or more ampules shall show the name of the manufacturer, his address, the license number, the official name of the drug, the amount contained in each ampule, and the lot number.*†

21.9 Release for sale; withdrawal from market. When lots have satisfactorily passed the prescribed tests they may be offered for sale upon being released by the Hygienic Laboratory [National Institute of Health], but the right is reserved to require withdrawal from the market of any lot designated by the Surgeon General of the United States Public Health Service.*†

PART 22—VIRUSES, SERUMS, TOXINS, AND ANALOGOUS PRODUCTS¹²

Sec.		Sec.	
	Licenses	22.16	Foreign importations to be accompanied by samples for examination.
22.1	Issue, suspension, and revocation.	22.17	Importation of smallpox vaccine prohibited; exception.
22.2	Inspection of establishments and examination of products.		Inspections
22.3	Reports of inspection and examination subject to review.	22.21	By whom made.
22.4	When valid; prescribed form.	22.22	Inspectors.
22.5	Requirements for reissue.	22.23	To be unannounced.
22.6	When establishment subject to license.	22.24	Inspector to call on head of establishment.
	Biologic products	22.25	Of premises.
22.11	Defined.	22.26	Interrogation under oath authorized.
22.12	Application for license required; inspection certification.	22.27	Of methods of manufacture and sale.
22.13	Notification of changes in personnel, etc., required.	22.28	Of location, construction, and administration.
22.14	Report and investigation of infractions.	22.29	To be made when establishment in running order.
22.15	Imported biologic products; foreign establishments.		

¹² Pursuant to § 22.88, decisions are issued from time to time by the Surgeon General of the Public Health Service regarding the dating of biologic products. No such decision is included in the regulations in this part.

*† For statutory and source citations, see note to § 21.1.

TITLE 42—PUBLIC HEALTH

Sec.		Sec.	
22.30	Reinspection after correction of faulty conditions.	22.67	Vaccine stables or operating rooms.
22.31	Manufacturer to be apprised of faulty conditions.	22.68	Furnishing of smallpox vaccine.
22.32	Cancellation or suspension of license.	22.69	Capillary tubes for smallpox vaccine; filling and sterilizing.
22.33	Publication of cancellation or suspension of license.		Labeling
	Manufacturing requirements	22.81	Proper name of product.
22.41	Manufacturing establishments; permanent control by responsible head.	22.82	Proper name of product must appear upon outside label.
22.42	Competence of technical workers.	22.83	Deviation from standard method of preparation or from usual species of animal used to be indicated.
22.43	Permanent record to be kept.	22.84	Official standard of potency; exceptions.
22.44	Labeling of cultures.	22.85	Expiration date.
22.45	Separation of work with spore-bearing pathogenic micro-organisms.	22.86	Date of manufacture defined.
22.46	Separation of diagnostic procedures.	22.87	When date of issue accepted in lieu of date of manufacture.
22.47	Laboratories to be screened.	22.88	Decisions by Surgeon General regarding dating.
22.48	Sterilization of containers.	22.89	Number of lot.
22.49	Records of sterilization of containers.	22.90	Items required on outside label.
22.50	Communication of sanitary standards, etc., by inspectors.	22.91	Product of one establishment sold by another.
22.51	Containers.		Examination of products
22.52	Bleeding rooms.	22.101	Samples to be furnished.
22.53	Hot water to be provided in bleeding rooms.	22.102	Samples of special lots or of all lots of particular products to be furnished.
22.54	Stables.	22.103	Testing of samples.
22.55	Storage of manure.	22.104	Products to be obtained and examined for purity, potency.
22.56	Hog-cholera serum; separation of personnel, animals, and equipment.	22.105	Containers and administration materials.
22.57	Inspection and quarantine of animals.	22.106	Official methods of testing, standards, standard units, and standards of potency.
22.58	Horses to be given tetanus antitoxin.	22.107	Potency of diphtheria, tetanus, and scarlet fever streptococcus antitoxins.
22.59	Records of animal necropsies.	22.108	Distribution of standard samples for comparison; manufacturers to forward samples for testing.
22.60	Procedure in event of certain diseases in animals.	22.109	When tests for potency to be made.
22.61	Cleansing and vaccination of animals used for propagation of smallpox vaccine.	22.110	Sample of each lot to be tested for identity, safety.
22.62	Taking of vaccine material.	22.111	Liquid serums.
22.63	Observation of certain animals; making of necropsy, records.	22.112	Intraspinal and intravenous products.
22.64	Destruction of certain material.	22.113	Containers for intraspinal and intravenous products.
22.65	Removal of certain animals prohibited.	22.114	Discovery of lack of purity; manufacturer to be notified.
22.66	Personnel who care for vaccine animals.		

CROSS REFERENCES

Bureau of Customs regulations relating to viruses, serums, and toxins: See Customs Duties, 19 CFR 10.15-10.18.
 Post Office Department regulations relating to importation and transportation of viruses, serums, and toxins by mail: See Postal Service, 39 CFR 6.14, 21.54.

LICENSES

Section 22.1 Issue, suspension, and revocation. Licenses shall be issued, suspended, and revoked by the Secretary of the Treasury, upon the recommendation of the Surgeon General of the United States Public Health Service.*† [Par. 1]

*§§ 22.1 to 22.114, inclusive, issued under the authority contained in sec. 4, 32 Stat. 729; 42 U.S.C. 145.

†The source of §§ 22.1 to 22.114, inclusive, is Regulations for the sale of viruses, serums, toxins and analogous products in the District of Columbia and in interstate traffic, approved by the Secretary of the Treasury, Feb. 25, 1935.

22.2 Inspection of establishments and examination of products. Licenses shall be issued only after inspection of establishments and examination of the products for which license is desired. In the case of establishments already licensed, licenses for new products may, at the discretion of the Secretary of the Treasury, be granted without reinspection of the establishment. License for new products shall not be granted without satisfactory evidence of therapeutic or prophylactic efficiency.*† [Par. 2]

22.3 Reports of inspection and examination subject to review. Whenever deemed necessary by the Surgeon General of the United States Public Health Service, the reports of inspection and laboratory examination shall be passed upon by the Sanitary Board of the United States Public Health Service. The board shall report its findings to the Surgeon General who shall forward the report, together with his recommendations, to the Secretary of the Treasury for action.*† [Par. 3]

22.4 When valid; prescribed form. Licenses shall be valid until suspended or revoked. The following form of license is prescribed:

This is to certify that _____ of _____ is hereby authorized under the provisions of "An Act to regulate the sale of viruses, serums, toxins, and analogous products in the District of Columbia, to regulate interstate traffic in such articles, and for other purposes," to engage in the manufacture, barter, and sale of such of these viruses, serums, toxins, and analogous products as are specified from time to time by the Secretary or Assistant Secretary of the Treasury, and of only such as have been so specified and for which license has not been suspended or revoked, in accordance with the above-mentioned act and regulations thereunder.

Secretary of the Treasury.

*† [Par. 4]

22.5 Requirements for reissue. Licenses shall not be reissued without inspection of the establishments and laboratory examination of the products. The inspection and laboratory reports shall be passed upon by the Surgeon General of the United States Public Health Service in accordance with the provisions of § 22.3.*† [Par. 5]

22.6 When establishment subject to license. An establishment shall be subject to license when one or more of its products is held by the Secretary of the Treasury to be a virus, serum, toxin, or anti-toxin, or a product analogous thereto and applicable to the prevention or cure of diseases of man.*† [Par. 6]

*†For statutory and source citations, see note to § 22.1.

BIOLOGIC PRODUCTS

22.11 Defined. For the purpose of the regulations in this part, viruses, serums, toxins, antitoxins, and analogous products applicable to the prevention or cure of diseases of man are referred to as biologic products and defined as follows: (a) A virus is a product containing the minute living cause of an infectious disease. (b) A serum is the product obtained from the blood of an animal by removing the clot or clot components and the blood cells. (c) A toxin is a product containing a soluble substance poisonous to laboratory animals or to man in doses of 1 milliliter or less of the product, and having the property, following the injection of nonfatal doses into an animal, of causing to be produced therein another soluble substance which specifically neutralizes the poisonous substance and which is demonstrable in the serum of the animal thus immunized. (d) An antitoxin is a product containing the soluble substance in the serum or other body fluid of an immunized animal which specifically neutralizes the toxin against which the animal is immune. (e) A product is analogous (1) to a virus if prepared from a virus, including microorganisms actually or potentially virulent; (2) to a serum, if prepared from some protein constituent of the blood and intended for parenteral administration; (3) to a toxin or antitoxin, if intended, by parenteral administration, for the prevention or treatment of disease through specific immunization.*† [Par. 7]

22.12 Application for license required; inspection certification. In order to obtain a license for any biologic product, manufacturers shall make application therefor to the Surgeon General of the United States Public Health Service on forms prescribed for the purpose. Inspectors shall be furnished with the original forms and shall certify thereon as to the condition of the establishment, with recommendations.*† [Par. 9]

22.13 Notification of changes in personnel, etc., required. Should important changes in personnel, method, equipment, or location be made by an establishment holding license, the manufacturer shall immediately notify the Surgeon General of the United States Public Health Service and make notation on the form required by § 22.12 to be kept on file in the establishment.*† [Par. 10]

22.14 Report and investigation of infractions. Instances of manufacture, importation, or sale of unlicensed products contrary to law, or of labeling unlicensed products as licensed or as if subject to license, shall be reported by officers of the Public Health Service, by State and local health authorities, by physicians, and by others to the Surgeon General of the United States Public Health Service for investigation or reference to the Department of Justice.*† [Par. 8]

22.15 Imported biologic products; foreign establishments. Biologic products imported from foreign countries will be refused entry by collectors of customs unless produced in an establishment holding an unsuspended and unrevoked license, or intended for examination prior to obtaining a license. Each foreign establishment holding

license and importing biologic products into the United States shall be required to file the name and address of one or more representatives in the United States authorized by the establishment to distribute their products, and such representatives shall keep records of such distribution.*† [Par. 11]

22.16 Foreign importations to be accompanied by samples for examination. Each foreign importation of biologic products shall be accompanied by two sample packages of each lot number contained in the shipment, and said samples shall be forwarded by the collector of customs at the port of entry to the National Institute of Health of the United States Public Health Service for examination. If separate samples are not found accompanying the shipment, samples shall be obtained from the shipment by the collector of customs and forwarded to the National Institute of Health of the United States Public Health Service.*† [Par. 13]

22.17 Importation of smallpox vaccine prohibited; exception. The importation of smallpox vaccine from any foreign country into the United States is prohibited, except smallpox vaccine sent to the National Institute of Health of the United States Public Health Service, where tests shall be applied to demonstrate the absence of any other pathogenic virus.*† [Par. 12]

INSPECTIONS

22.21 By whom made. The inspections shall be made by an inspector or a board of inspectors detailed by the Secretary of the Treasury upon the recommendation of the Surgeon General of the United States Public Health Service.*† [Par. 14]

22.22 Inspectors. The inspectors shall be officers of the United States Public Health Service.*† [Par. 15]

22.23 To be unannounced. Inspections shall be unannounced, unless special circumstances render this undesirable.*† [Par. 16]

22.24 Inspector to call on head of establishment. It shall be the duty of the inspector to call upon the acting head of the establishment, stating the object of his visit.*† [Par. 17]

22.25 Of premises. The inspectors shall examine all portions of the premises, appliances, stables, barns, warehouses, records, and the methods employed in actual operation.*† [Par. 18]

22.26 Interrogation under oath authorized. Inspectors are authorized to interrogate the proprietors and personnel of the establishment under oath.*† [Par. 19]

22.27 Of methods of manufacture and sale. The inspectors shall investigate fully the methods of preparation, storing, dispensing, and other details in the manufacture and sale of serums, viruses, toxins, and analogous products.*† [Par. 20]

22.28 Of location, construction, and administration. The inspector shall carefully examine into location, construction, or administration of establishments which would tend to endanger the potency or purity of the products.*† [Par. 21]

*†For statutory and source citations, see note to § 22.1.

22.29 To be made when establishment in running order. Inspections for original licenses of an establishment need not be made until assurances are received that the establishment is in running order and manufacturing the complete product for which license is desired.*† [Par. 22]

22.30 Reinspection after correction of faulty conditions. In case license is refused following an inspection, reinspection shall not be ordered until assurances have been received that the establishment affected has corrected all the faulty conditions which were made the basis for the previous refusal of a license.*† [Par. 23]

22.31 Manufacturer to be apprised of faulty conditions. In case faulty methods of preparation, faulty location, faulty construction, or faulty administration of establishments are observed during inspection, the inspector shall bring the same to the attention of the manufacturer, and shall forward a report of the conditions found, together with his recommendations, to the Surgeon General of the United States Public Health Service.*† [Par. 24]

22.32 Cancellation or suspension of license. Should the faulty conditions discovered during inspection or upon laboratory tests be found upon review by the Surgeon General of the United States Public Health Service to be of sufficient importance, the Surgeon General shall recommend to the Secretary of the Treasury that the license of the establishment be canceled or suspended. In case of suspension, if the said faulty conditions are not corrected within 60 days he shall recommend that the said license be revoked.*† [Par. 25]

22.33 Publication of cancellation or suspension of license. The fact of suspension or revocation of license, with causes therefor, may be published by the Secretary of the Treasury.*† [Par. 26]

MANUFACTURING REQUIREMENTS

22.41 Manufacturing establishments; permanent control by responsible head. The organization of a licensed establishment shall be such that the responsible head is actually in permanent control of the buildings, grounds, equipment, and personnel; and good discipline shall prevail.*† [Par. 27]

22.42 Competence of technical workers. In considering the license of an establishment, regard shall be had to the training and competence of the technical workers concerned.*† [Par. 28]

22.43 Permanent record to be kept. Permanent records shall be kept, with dates, of the various steps in the manufacture, testing, disposition, and distribution of each lot, so that at any time these steps may be traced by an inspector as regards any lot number.*† [Par. 29]

22.44 Labeling of cultures. Laboratory cultures and other materials used in the production of biologic products shall be labeled and preserved in a safe and orderly manner.*† [Par. 30]

22.45 Separation of work with spore-bearing pathogenic microorganisms. All work with spore-bearing pathogenic microorganisms shall be so separated from other work, and the containers per-

manently so marked, as to avoid the possibility of contamination of products.*† [Par. 31]

22.46 Separation of diagnostic procedures. Laboratory procedures of a diagnostic nature shall, if conducted in an establishment, be entirely separate from those for the production of biologic products.*† [Par. 32]

22.47 Laboratories to be screened. Laboratories for the production of biologic products shall be efficiently screened during the fly season.*† [Par. 33]

22.48 Sterilization of containers. Sterilization and subsequent handling of containers, filling apparatus, and other materials which may come in contact with biologic products during manufacture shall be such as to insure the absence of living bacterial spores; except that the concentration of antitoxins may be conducted with scrupulous cleanliness rather than with absolute sterility.*† [Par. 34]

22.49 Records of sterilization of containers. Records of the date, duration, and temperature of each sterilization shall be kept. Such records shall be made by means of automatic registering devices or by the personnel of the sterilizing room.*† [Par. 35]

22.50 Communication of sanitary standards, etc., by inspectors. Details of sanitary standards, methods of manufacturing and of testing, and methods of keeping records, may be communicated to manufacturers by inspectors.*† [Par. 36]

22.51 Containers. All containers used in the preparation of biologic products shall be of such construction as will readily permit inspection for cleanliness.*† [Par. 37]

22.52 Bleeding rooms. The construction of bleeding rooms and rooms for vaccine animals shall be such as to permit thorough hosing down and cleaning.*† [Par. 38]

22.53 Hot water to be provided in bleeding rooms. Hot water shall be provided in bleeding rooms and vaccine stables.*† [Par. 39]

22.54 Stables. Stable floors shall be so constructed and cared for as to insure cleanliness, and stables shall be well lighted and well ventilated.*† [Par. 40]

22.55 Storage of manure. No manure shall be so stored as to permit the breeding of flies on the premises of any establishment.*† [Par. 41]

22.56 Hog-cholera serum; separation of personnel, animals, and equipment. All personnel, animals, and equipment used in the production of hog-cholera serum shall be kept entirely separate from personnel, animals, and materials used in the production of biologic products for human use.*† [Par. 42]

22.57 Inspection and quarantine of animals. Animals used in the production of biologic products shall be kept under competent daily inspection and preliminary quarantine by the establishment for a period of at least 7 days before use. Only healthy animals free from communicable disease shall be used; during the quarantine period those of the equine genus must be shown to be free from

*†For statutory and source citations, see note to § 22.1.

glanders, and those of the bovine genus must be shown to be free from tuberculosis.*† [Par. 43]

22.58 Horses to be given tetanus antitoxin. All horses used in the production of biologic products, except those horses which are actively immune to tetanus, shall be given not less than 500 units of tetanus antitoxin semimonthly, or 2,000 units monthly.*† [Par. 44]

22.59 Records of animal necropsies. Necropsy records shall be kept of all animals which die or are killed after having been used in the production of biologic products.*† [Par. 45]

22.60 Procedure in event of certain diseases in animals. In case of actual or suspected infection with foot-and-mouth disease, glanders, tetanus, anthrax, or gas gangrene among animals used for the production of biologic products, the manufacturer shall immediately notify the Surgeon General of the United States Public Health Service.*† [Par. 46]

22.61 Cleansing and vaccination of animals used for propagation of smallpox vaccine. Animals used for propagation of smallpox vaccine shall be thoroughly cleansed with soap and water at the beginning of the quarantine and at its conclusion. No part of the animal shall be vaccinated which is liable to be contaminated by feces.*† [Par. 47]

22.62 Taking of vaccine material. Preliminary to taking vaccine material from vaccinated animals, said animals shall be killed or rendered insensible to pain.*† [Par. 48]

22.63 Observation of certain animals; making of necropsy, records. Each year at least two of the animals used in propagating smallpox vaccine of any one strain shall be kept for a period of 2 weeks subsequent to the removal of the virus and observed sufficiently to demonstrate the absence of foot-and-mouth disease. At the termination of the period of observation in the case of these two animals, and within 48 hours after taking the smallpox vaccine in the case of all other animals, a necropsy shall be made upon each animal, and permanent records kept of each necropsy, in which particular note shall be made of pathologic changes.*† [Par. 49]

22.64 Destruction of certain material. All vaccine material from any animal having, or suspected of having, a communicable disease, other than vaccinia, shall be destroyed.*† [Par. 50]

22.65 Removal of certain animals prohibited. No animals used for the purpose of propagating smallpox vaccine shall be removed from the establishment prior to necropsy.*† [Par. 51]

22.66 Personnel who care for vaccine animals. The personnel who care for the vaccine animals shall be excluded from horse stables and paddocks and from contact with horses while vaccine is being propagated.*† [Par. 52]

22.67 Vaccine stables or operating rooms. Extraneous materials shall not be stored or permitted in or about vaccine stables or operating rooms.*† [Par. 53]

22.68 Furnishing of smallpox vaccine. Smallpox vaccine shall be furnished only in glass capillary tubes or in other glass con-

tainers. This shall not prohibit the enclosure in the same package, but separate from the virus, of a metal or glass instrument for inserting the virus.*† [Par. 54]

22.69 Capillary tubes for smallpox vaccine; filling and sterilizing. Capillary tubes for smallpox vaccine shall be filled mechanically in vacuum jars, and prior to filling shall be sterilized in the same containers which are used for filling.*† [Par. 55]

LABELING

22.81 Proper name of product. For purposes of labeling, the proper name of each product shall be that specified in the license.*† [Par. 56]

22.82 Proper name of product must appear upon outside label. The proper name of each product must appear upon the outside label in legible type and shall be given precedence in position over any other descriptive or trade name.*† [Par. 57]

22.83 Deviation from standard method of preparation or from usual species of animal used to be indicated. In the case of products prepared by methods other than the usual or standard methods, the proper name used to designate the product in the license and on the labels shall be sufficiently descriptive to indicate such deviation. Should the species of animal used differ from that usually or originally employed, the name of the species shall be included as part of the proper name on the label.*† [Par. 58]

22.84 Official standard of potency; exceptions. In case of products for which an official standard of potency has been adopted, the potency shall be expressed on the label in terms of the official standard. In case no official standard of potency has been adopted and no official test is made prior to the release of the product for sale, the label shall bear the following statement: "No U. S. standard of potency." This provision shall not be held to apply to smallpox vaccine, nor to rabies vaccine.*† [Par. 59]

22.85 Expiration date. The requirement that each package shall be marked with the date beyond which the contents cannot be expected beyond reasonable doubt to yield their specific results shall be held to be complied with if the label bears the date of manufacture or date of issue as defined in §§ 22.86, 22.87, and a statement of the period in months or days from this date of manufacture or date of issue during which they may be expected to yield their specific results.*† [Par. 60]

22.86 Date of manufacture defined. The date of manufacture is hereby defined as follows: (a) For products for which an official standard of potency exists, the last date of satisfactorily passing a potency test; (b) for products for which no official standard of potency exists, the date of removal from the animal in case of animal products, or the date of cessation of growth in the case of other products; or (c) in the case of products used for specific desensitization, the date of extraction.*† [Par. 61]

*†For statutory and source citations, see note to § 22.1.

22.87 When date of issue accepted in lieu of date of manufacture. The date of issue from cold storage shall be accepted in lieu of the date of manufacture, provided this date of issue is not more than 2 years after date of manufacture if the product is kept constantly below zero centigrade, or not more than 1 year after date of manufacture if the product is kept constantly below 5° C. or not more than 3 months after date of manufacture if the product is kept constantly below 15° C.*† [Par. 62]

22.88 Decisions by Surgeon General regarding dating. Decisions shall be issued from time to time by the Surgeon General of the United States Public Health Service, regarding the dating of special products in accordance with tests made thereon.*† [Par. 63]

22.89 Number of lot. All labels affixed to containers shall bear the number of the lot of the product contained therein.*† [Par. 64]

22.90 Items required on outside label. The following items shall appear on the outside label:

- (a) Name of manufacturer.
- (b) Address of manufacturer.
- (c) License number.
- (d) Proper name of product.
- (e) Minimum potency of product.
- (f) "No U. S. standard of potency" if no such standard is established.
- (g) Lot number.
- (h) Date of manufacture or issue with period of potency; or the expiration date.*† [Par. 65]

22.91 Product of one establishment sold by another. In case a product manufactured by one establishment is sold by another, the name, address, license number, and lot number of the original manufacturer shall appear plainly on the label, provided the name of the second establishment may appear on the label as the selling agent. In case any part of the process, such as bottling, is performed by the second establishment, this establishment also must hold a license for the manufacture of the product; the names, addresses, and license numbers of both establishments must appear on the label, and the records of both establishments shall show plainly the degree of responsibility of each in the process of manufacture. Labels bearing a license number shall appear only on packages of products for the manufacture of which a license is in force.*† [Par. 66]

EXAMINATION OF PRODUCTS

22.101 Samples to be furnished. Establishments shall furnish to the inspector and, on request, shall send to the National Institute of Health of the United States Public Health Service, adequate samples of products for examination.*† [Par. 67]

22.102 Samples of special lots or of all lots of particular products to be furnished. Samples of special lots of products, or of all lots of particular products, may be required to be sent to the National

Institute of Health of the United States Public Health Service for examination prior to being placed in interstate commerce or on sale in the District of Columbia.*† [Par. 68]

22.103 Testing of samples. It shall be the duty of the Director of the National Institute of Health of the United States Public Health Service to test samples sent him by inspectors, and the result of this examination shall be given to the inspectors, who shall give this report due weight in making their recommendations.*† [Par. 69]

22.104 Products to be obtained and examined for purity, potency. Biologic products offered for sale in the District of Columbia, or in interstate traffic, shall be obtained from time to time and examined at the National Institute of Health of the United States Public Health Service as to purity and potency and as to whether said products were properly labeled.*† [Par. 70]

22.105 Containers and administration materials. In examining biologic products consideration shall be given to the character and safety of containers and to those materials accompanying them which are intended to facilitate administration of their contents.*† [Par. 71]

22.106 Official methods of testing, standards, standard units, and standards of potency. Official methods of testing, standards, and standard units shall be employed upon authorization of the Surgeon General of the United States Public Health Service. The official standards of potency for all forms of diphtheria antitoxin, tetanus antitoxin, botulinus antitoxin type A, botulinus antitoxin type B, perfringens antitoxin, scarlet fever streptococcus antitoxin, Vibron septique antitoxin, antipneumococcic serum (types I and II), antidysenteric serum (Shiga), and staphylococcus antitoxin shall be those distributed by the National Institute of Health of the United States Public Health Service.*† [Par. 72]

22.107 Potency of diphtheria, tetanus, and scarlet fever streptococcus antitoxins. Diphtheria antitoxin shall have a potency of not less than 350 units per cubic centimeter if in liquid form, and not less than 4,000 units per gram if in solid form. Tetanus antitoxin shall have a potency of not less than 300 units per cubic centimeter if in liquid form, and not less than 2,400 units per gram if in solid form. Scarlet fever streptococcus antitoxin shall have a potency of not less than 400 units per cubic centimeter.*† [Par. 73]

22.108 Distribution of standard samples for comparison; manufacturers to forward samples for testing. Standard samples for comparison of products other than those mentioned in § 22.106 may be distributed by the National Institute of Health, and the Director of the National Institute of Health is authorized to request manufacturers to forward such samples of their products for testing as may be required to insure safety and potency of products.*† [Par 74]

22.109 When tests for potency to be made. Tests for potency, if applicable, shall be made after the completion of all the processes of manufacture except filling the final containers.*† [Par. 75]

*†For statutory and source citations, see note to § 22.1.

22.110 Sample of each lot to be tested for identity, safety. A sample of each lot of all products shall be tested for identity if such test is applicable, otherwise for safety, after the labels have been affixed to the final containers.*† [Par. 76]

22.111 Liquid serums. No liquid serum shall contain more than 20 percent total solids, nor more than 0.5 percent of preservative.*† [Par. 77]

22.112 Intraspinal and intravenous products. Products intended to be used intraspinally or intravenously shall be clear, free from excessive coloration, or excessive viscosity, and those to be used intraspinally shall contain not more than 0.35 percent of preservative.*† [Par. 78]

22.113 Containers for intraspinal and intravenous products. Containers of products intended to be used intraspinally or intravenously shall be of such material that the presence of objectionable color or of sediment in the contents may be detected.*† [Par. 79]

22.114 Discovery of lack of purity; manufacturer to be notified. Upon the discovery of lack of purity or potency of a product from a licensed establishment, the fact shall be communicated immediately to the manufacturer to enable him to withdraw the product from the market, and the lot numbers of said products may be made public by the Secretary of the Treasury.*† [Par. 81]

CHAPTER III—ST. ELIZABETHS HOSPITAL

DEPARTMENT OF THE INTERIOR

Part	Part
301 Disbursement of pension money	303 Disposition of moneys of deceased inmates
302 Handling of personal funds of patients	

PART 301—DISBURSEMENT OF PENSION MONEY

Sec.	Sec.
301.1 Deposit of money in Treasury.	301.9 Disposition of funds in excess of \$25 per month.
301.2 Keeping accounts of money.	301.10 Amount available for disbursement to a non-dependent relative.
301.3 Purposes for which money shall be disbursed.	301.11 Use of fund where there are no relatives of certain classes.
301.4 Part of funds reserved for use of pensioner.	301.12 Disposition of balance of fund in case of discharge or death.
301.5 Payment of board to St. Elizabeths Hospital.	301.13 Question affecting the rights of claimants for share of pension of inmates.
301.6 Use of unobligated balance of funds.	301.14 Table of monthly division of rates of pension made part of regulations.
301.7 Disposition of funds not exceeding \$15 per month.	
301.8 Disposition of funds greater than \$15, and not exceeding \$25, per month.	

Section 301.1 Deposit of money in Treasury. All moneys received by the Superintendent under the Acts of February 20, 1905 (33 Stat. 731; 24 U.S.C. 195, 165) and February 2, 1909 (35 Stat. 592; 24 U.S.C. 165) shall be scheduled to the Chief Disbursing Officer, Division of Disbursements, Treasury Department, for deposit in the United States Treasury.*†

*§§ 301.1 to 301.14, inclusive, issued under the authority contained in R.S. 4839, sec. 1, 35 Stat. 592; 24 U.S.C. 165.

†In §§ 301.1 to 301.14, inclusive, the numbers to the right of the decimal point correspond with the respective section numbers in Regulations for the disbursement of pension money paid to the Superintendent of the St. Elizabeths Hospital, Secretary of the Interior, May 27, 1937, 2 F.R. 1362.

301.2 Keeping accounts of money. Separate accounts shall be kept by the Superintendent with each pensioner showing the amount of money received and expended, and the balance on hand.*†

301.3 Purposes for which money shall be disbursed. The pension money shall be disbursed and used for three general purposes, in order as follows:

- (a) For the benefit of the pensioner.
- (b) For the benefit of relatives entitled under the law.
- (c) To reimburse the hospital for the pensioner's board and maintenance, where no other provision is made therefor.*†

*†For statutory and source citations, see note to § 301.1.

301.4 Part of funds reserved for use of pensioner. Irrespective of the amount received as pension and placed to the pensioner's account, at least one-sixth thereof shall be reserved for the use of the pensioner, before any provision is made for payments to relatives or for board.*†

301.5 Payment of board to St. Elizabeths Hospital. Where no provision is otherwise made for the payment of the pensioner's board and maintenance in the Hospital from public or special funds under Federal control, the remainder, after setting aside the amounts for relatives specified in §§ 301.7-301.10, shall be used to pay for the pensioner's board and maintenance in the Hospital up to an amount equal to the current monthly rate for board of patients.*†

301.6 Use of unobligated balance of funds. Any excess amounts not required for payments to relatives or for board shall be available for the purchase of such articles as may be required for the pensioner's welfare and which are not provided from the regular Hospital funds, or otherwise for the pensioner's benefit.*†

301.7 Disposition of funds not exceeding \$15 per month. The basic rate of pension being \$15 or less per month, one-sixth thereof shall be reserved for the pensioner, to be expended in the purchase of such articles as may be required for the pensioner's welfare and which are not provided from the regular Hospital funds, or otherwise for the pensioner's benefit. The entire remainder will be paid, in the case of a male pensioner, to his dependent wife, minor children, or parents, in the order named; in the case of a female pensioner, to her dependent minor children.*†

301.8 Disposition of funds greater than \$15, and not exceeding \$25, per month. The basic rate of pension being greater than \$15 but not exceeding \$25 per month, the dependent wife, minor children, or parents, in the order named in the case of a male pensioner, or the dependent minor children, in the case of a female pensioner, shall receive not less than \$12.50 per month, the balance to be reserved for the pensioner, to be expended in the purchase of such articles as may be required for the pensioner's welfare and which are not provided from the regular Hospital funds, or otherwise for the pensioner's benefit, subject to provision for payment of board.*†

301.9 Disposition of funds in excess of \$25 per month. The basic rate of pension being in excess of \$25 per month, the dependent wife, minor children, or parents, in the order named in the case of a male pensioner, or the dependent minor children in the case of a female pensioner, shall receive an amount equal to one-half of the entire pension, the balance to be reserved for the pensioner, to be expended in the purchase of such articles as may be required for the pensioner's welfare and which are not provided from the regular Hospital funds, or otherwise for the pensioner's benefit, subject to provision for payment of board.*†

301.10 Amount available for disbursement to a non-dependent relative. If the wife, minor children, or parents of a male pensioner, or the minor children of a female pensioner, be not in fact

dependent upon the pensioner in any degree for support, she or they shall receive no greater than one-half of the amount payable in case of her or their dependence, the balance to be reserved for the pensioner, to be expended in the purchase of such articles as may be required for the pensioner's welfare and which are not provided from regular Hospital funds, or otherwise for the pensioner's benefit, subject to provision for payment of board.*†

301.11 Use of fund where there are no relatives of certain classes. If there be no wife, minor children, or parents, in the case of a male pensioner, or minor children in the case of a female pensioner, the entire amount of the pension shall be reserved for the pensioner, to be expended in the purchase of such articles as may be required for the pensioner's welfare and which are not provided from the regular Hospital funds, or otherwise for the pensioner's benefit, subject to provision for payment of board.*†

301.12 Disposition of balance of fund in case of discharge or death. Any unexpended balance of pension money reserved for the pensioner's benefit shall be paid, in the event of the pensioner's discharge from the Hospital, to the pensioner, or to his or her lawful guardian, or in the event that the pensioner is returned to a branch of the National Home for Disabled Volunteer Soldiers (now a part of the Veterans' Administration), to the treasurer or fiscal officer of such branch for such pensioner, or in the event of the pensioner's discharge from the Hospital and his immediate transfer to the United States Soldiers' Home, to the treasurer of said home. In the event of the pensioner's death while an inmate of the Hospital, the same shall be paid, in the case of a male pensioner, to his widow, or if there be no widow, to his minor children, and in the case of a female pensioner, to her minor children. If there be no widow or minor children entitled to payment of such balance of pension money, it shall be applied to the general uses of the Hospital.*†

301.13 Question affecting the rights of claimants for share of pension of inmates. All questions affecting the right of claimants for a share of the pension of inmates of the Hospital shall be determined upon evidence to be submitted to the United States Veterans' Administration. The findings of the United States Veterans' Administration upon such evidence shall be submitted for the approval of the Secretary of the Interior, and upon their transmission to the Superintendent of the Hospital with such approval, shall be accepted by him to control the disbursement of the pension under the law and the regulations in this part.*†

301.14 Table of monthly division of rates of pension made part of regulations. The following "Table of monthly division of rates of pension under the Acts of February 20, 1905, and February 2, 1909," is hereby made a part of the regulations in this part to serve as a guide in determining in each case the respective amounts to be reserved for the pensioner's benefit and to be paid to relatives entitled. Any unusual rates of pension not included will be divided as nearly as may be in the same proportions as therein observed.

*†For statutory and source citations, see note to § 301.1.

TABLE OF MONTHLY DIVISION OF RATES OF PENSION UNDER THE ACTS OF FEBRUARY 20, 1905, AND FEBRUARY 2, 1909

Monthly pension rate	In case of dependent relatives		In case of non-dependent relatives		In cases of no dependent relatives
	Pensioner	Relatives	Pensioner	Relatives	Pensioner
\$1.00-----	\$0. 17	\$0. 83	\$0. 58	\$0. 42	\$1. 00
\$2.00-----	. 33	1. 67	1. 17	. 83	2. 00
\$3.00-----	. 50	2. 50	1. 75	1. 25	3. 00
\$4.00-----	. 67	3. 33	2. 33	1. 67	4. 00
\$5.00-----	. 83	4. 17	2. 92	2. 08	5. 00
\$6.00-----	1. 00	5. 00	3. 50	2. 50	6. 00
\$7.00-----	1. 17	5. 83	4. 08	2. 92	7. 00
\$8.00-----	1. 33	6. 67	4. 67	3. 33	8. 00
\$9.00-----	1. 50	7. 50	5. 25	3. 75	9. 00
\$10.00-----	1. 67	8. 33	5. 83	4. 17	10. 00
\$11.00-----	1. 83	9. 17	6. 42	4. 58	11. 00
\$12.00-----	2. 00	10. 00	7. 00	5. 00	12. 00
\$13.00-----	2. 17	10. 83	7. 58	5. 42	13. 00
\$14.00-----	2. 33	11. 67	8. 17	5. 83	14. 00
\$15.00-----	2. 50	12. 50	8. 75	6. 25	15. 00
\$17.50-----	5. 00	12. 50	11. 25	6. 25	17. 50
\$20.00-----	7. 50	12. 50	13. 75	6. 25	20. 00
\$22.50-----	10. 00	12. 50	16. 25	6. 25	22. 50
\$25.00-----	12. 50	12. 50	18. 75	6. 25	25. 00
\$30.00-----	15. 00	15. 00	22. 50	7. 50	30. 00
\$35.00-----	17. 50	17. 50	26. 25	8. 75	35. 00
\$40.00-----	20. 00	20. 00	30. 00	10. 00	40. 00
\$45.00-----	22. 50	22. 50	33. 75	11. 25	45. 00
\$50.00-----	25. 00	25. 00	37. 50	12. 50	50. 00
\$60.00-----	30. 00	30. 00	45. 00	15. 00	60. 00
\$75.00-----	37. 50	37. 50	56. 25	18. 75	75. 00

*†

PART 302—HANDLING OF PERSONAL FUNDS OF PATIENTS

Sec.	Sec.
302.1 Accounting for moneys intrusted to the hospital.	302.4 Financial Officer authorized to draw funds and make cash payments to patients.
302.2 Accounts open to inspection of proper officials.	302.5 Report of actions to the Secretary of the Interior.
302.3 Financial Officer shall deposit funds in the United States Treasury.	302.6 Disbursing of trust funds to patients.

Section 302.1 Accounting for moneys intrusted to the hospital.
The Financial Officer¹ of the St. Elizabeths Hospital, under the direction of the Superintendent of the Hospital, shall receive and

¹The term "Financial Officer" has been substituted for the term "Disbursing Agent," which appears in the May 1, 1909 regulations, as a result of the issuance of Executive Order 6166, June 10, 1933. The functions of the official remain unchanged so far as the regulations in this chapter are concerned.

account for all moneys intrusted to the Financial Officer¹ by or for the use of patients.*†

*§§ 302.1 to 302.6, inclusive, issued under the authority contained in R.S. 4839, sec. 1, 35 Stat. 592; 24 U.S.C. 165.

†In §§ 302.1 to 302.6, inclusive, the numbers to the right of the decimal point correspond with the respective section numbers in Regulations in relation to the handling of personal funds of patients at the St. Elizabeths Hospital, Secretary of the Interior, May 1, 1909.

302.2 Accounts open to inspection of proper officials. The Financial Officer¹ shall keep, subject at all times to the inspection of the proper officials, a separate account with each patient having personal moneys on deposit, showing the amount received, expended, and the balance of each.*†

302.3 Financial Officer shall deposit funds in the United States Treasury. The Financial Officer¹ shall deposit in the United States Treasury, as Financial Officer,¹ not later than at the end of each month, all funds now in hand or which may hereafter be intrusted to the Financial Officer¹ by or for the use of such patients, of which an account shall be kept separate and apart from moneys received on account of pensions, and whose bond in that capacity shall include the faithful custody and disbursement of all funds so received.*†

302.4 Financial Officer authorized to draw funds and make cash payments to patients. The Financial Officer¹ is authorized to draw therefrom in the usual manner, from time to time, and to make cash payments upon voucher forms approved by the accounting officers of the Treasury for the use of such patients, not to exceed for any one patient the amount intrusted to the Superintendent on account of such patients.*†

302.5 Report of actions to the Secretary of the Interior. The Financial Officer¹ shall, on or before the fifteenth of each month following the quarter for which accounts are rendered, forward to the Secretary of the Interior for transmission to the General Accounting Office a duplicate of the patients' accounts.*†

302.6 Disbursing of trust funds to patients. The Financial Officer¹ may, subject to the limitations of the law, draw, as Financial Officer,¹ such sums as in the judgment of the Financial Officer¹ may be necessary for the use of individual patients.*† -

PART 303—DISPOSITION OF MONEYS OF DECEASED INMATES

Sec.		Sec.	
303.1	Search for relatives or friends of patients.	303.6	Conditions under which payments will be made if under \$100.
303.2	Manner in which efforts will be made to get information.	303.7	Rights of relative who has incurred expense for deceased.
303.3	Communication with claimants.	303.8	Recognition of an administrator.
303.4	Character of proof required.	303.9	Application of the statute of distributions of the District of Columbia.
303.5	Conditions under which payments will be made if over \$100.		

¹ See footnote on p. 4.

Section 303.1 Search for relatives or friends of patients. The records of the hospital will be searched, and a circular letter will be sent to the relatives or friends of deceased whose addresses are shown by the records of the institution, requesting information as to the legal heirs of the deceased. These letters will be sent first to the relatives in the order of their relationship to the deceased; and if no answer is received, then to any friends of the deceased whose addresses are shown by the records.*†

*§§ 303.1 to 303.9, inclusive, issued under the authority contained in sec. 1, 34 Stat. 730; 24 U.S.C. 177.

†In §§ 303.1 to 303.9, inclusive, the numbers to the right of the decimal point correspond with the respective section numbers in Regulations for ascertaining the whereabouts of legal heirs of deceased inmates of St. Elizabeths Hospital and for the payment to such heirs of moneys belonging to such deceased inmates and deposited in the Treasury by the agent-cashier, Secretary of the Interior, Apr. 25, 1907.

303.2 Manner in which efforts will be made to get information. If the legal heirs of deceased can not be ascertained through data of record in the hospital, application for such information will be made in the following manner:

If the deceased was a pensioner, or was an applicant for pension, or if there is any reason to believe that he may have applied for a pension, a circular letter containing all available data will be sent to the Commissioner of Pensions requesting the information. If the deceased was admitted from the Soldiers' Home, the Naval Home, or a branch of the National Home for Disabled Volunteer Soldiers, or if it is shown that he was at any time an inmate of a State or Territorial Home, or other State or Territorial institution, the information will be requested of such Home or institution.

If the deceased was admitted from the Army or the Navy, application will be made to the Secretary of War or the Secretary of the Navy, and to the Auditors for such Departments, respectively; and if admitted from the Public Health Service, application will be made to the Secretary of the Treasury. Where the former place of residence of deceased is known, an inquiry will be addressed to the postmaster of the town in which he resided; and in all cases the superintendent will adopt any other means to ascertain the whereabouts of the heirs of deceased which seem appropriate to the particular case.*†

303.3 Communication with claimants. Upon receiving information as to the address of any person supposed to be an heir of deceased, the superintendent will address a letter to such person informing him of the amount to the credit of the deceased, and inquiring whether he is, solely or jointly with others, the heir of such deceased inmate.*†

303.4 Character of proof required. Upon receipt by the hospital of a claim from a person claiming to be the legal heir of the deceased, the character of proof necessary to establish such claim will depend upon the value thereof.*†

303.5 Conditions under which payments will be made if over \$100. If the amount standing to the credit of deceased amounts to

the sum of \$100 or more, payment will be made only to the executor or administrator of the estate, and upon the filing with the superintendent of a certified copy of letters of administration, or of the will as admitted to probate.*†

303.6 Conditions under which payments will be made if under \$100. If the amount due deceased is less than \$100, the claimant or claimants shall present an affidavit stating that they are the next of kin of deceased, naming the relationship, and are his legal heirs, and as such entitled to the personal estate left by him; and that, to the best of their knowledge and belief, deceased left no will bequeathing such property to any other person. This affidavit must be corroborated by that of two disinterested credible witnesses, who must have known claimant for at least 1 year, and must testify that he is the person he represents himself to be, and that they have reason to believe that he bears to the deceased the relationship claimed by him. The superintendent may require such further evidence in any case as he deems necessary. Payment shall be made by check in favor of the person entitled thereto, or, if there are several heirs, the check may be made payable to all jointly: Provided, That if the heirs in their affidavit filed with the superintendent shall authorize one of their number to receive payment, the check shall be drawn in favor of the person so authorized: Provided also, That in case of payments due minor children, the check may be drawn in favor of their father, mother, or legal guardian. In cases where the amount due the heirs of deceased is less than \$10, the superintendent may, in his discretion, waive the requirement of an affidavit from the claimant, or of the corroborative affidavit, or both; but in all such cases the claimant shall be required to make a written statement that he is the heir of the deceased.*†

303.7 Rights of relative who has incurred expense for deceased. Where the amount due is less than \$100, and it appears that some particular relative of deceased has incurred expense in providing him with clothing, luxuries, etc., during his residence in the hospital, the amount of such expenditure, when proved to the satisfaction of the superintendent, will be repaid to such relative, notwithstanding he may not be the legal or sole heir of deceased: Provided, That the heirs shall consent thereto.*†

303.8 Recognition of an administrator. In all cases where an administrator has been actually appointed, irrespective of the amount due deceased, payment shall be made to such administrator: Provided, That where it appears that such a payment would work hardship upon any near relative of the deceased, and the administrator was appointed in some jurisdiction outside of the District of Columbia, the superintendent may require ancillary letters of administration to be taken out in said District before making payment; or he may, in his discretion, make payment to such other person, having an interest in the estate of the deceased, as may be appointed administrator in said District, notwithstanding some other person may have previously been appointed in some other jurisdiction.*†

*†For statutory and source citations, see note to § 303.1.

303.9 Application of the statute of distributions of the District of Columbia. For the purpose of determining the legal heirs of deceased, where the amount is less than \$100 and no administrator has been appointed, the deceased shall be considered a resident of the District of Columbia, and payment shall be made according to the statute of distributions of said District (subchapter 8, chapter 5 of the Code of Laws for the District of Columbia), except as provided in § 303.7; and excepting that payment may be made to the heirs direct, the appointment of an administrator not being necessary.*†

CHAPTER IV—FREEDMEN'S HOSPITAL DEPARTMENT OF THE INTERIOR

PART 401—ADMISSION AND OUT-PATIENT TREATMENT

Sec.		Sec.	
	Admissions	401.23	Passes for patients.
401.1	Ineligible persons.	401.24	Overstay of pass.
401.2	Eligible patients; classification.		Out-patient department
401.3	General limitation.	401.31	Hours.
401.4	Examination; regular.	401.32	Prescription limitations.
401.5	Examination; emergency.	401.33	Dispensary.
401.6	Pay patients; charges.	401.34	Certificate of indigency.
401.7	Injured United States employees.	401.35	Case records.
	Rules for patients	401.36	Order of treatment; revisits.
401.21	Property retained by patients.	401.37	Bottles.
401.22	Visiting clergymen.		

ADMISSIONS

Section 401.1 Ineligible persons. No person known to be affected with an incurable chronic disease, acute alcoholism, or a contagious disease shall be admitted to the Freedmen's Hospital, except when it would be inhuman to refuse admission.*† [Par. 1]

*§§ 401.1 to 401.37, inclusive, issued under the authority contained in sec. 1, 37 Stat. 172; 8 D.C. Code 157.

†The source of §§ 401.1 to 401.7, inclusive, is section XXXIII, Regulations of the Freedmen's Hospital, Department of the Interior, 1926.

401.2 Eligible patients; classification. Patients admitted to the Freedmen's Hospital shall be of the following classes:

(a) Indigent residents of the District of Columbia who, being sick or injured and requiring medical or surgical attention, are without the necessary means to pay for the same.

(b) Transient population of said District who, while passing through or temporarily domiciled therein, fall ill or suffer accident or injury and require immediate medical or surgical attention, but are destitute of means to pay for the same.

(c) Such other destitute persons residing outside of the District of Columbia as the Secretary of the Interior, either for humane reasons or in the interests of medical science, shall cause to be admitted.

(d) All emergency cases which are defined as sudden illness or injury where to delay treatment would unduly imperil the life or safety of the patient.*† [Par. 2]

401.3 General limitation. All admissions shall be further conditioned upon the capacity of the hospital to receive patients.*† [Par. 3]

401.4 Examination; regular. Applicants for admission shall at once be examined by the director-in-chief or one of his assistants, or under their directions, and if found entitled to admission under the rules in this part shall be admitted.*† [Par. 5]

*†For statutory and source citations, see note to § 401.1.

401.5 Examination; emergency. When it is impracticable for either of the above-mentioned officials to attend at once, and the safety of the patient would be impaired by delay, such other medical officer as may be designated therefor by the director-in-chief must make the examination.*† [Par. 6]

401.6 Pay patients; charges. Pursuant to authority contained in the Act approved June 26, 1912 (37 Stat., 172), authorizing the admission of pay patients to Freedmen's Hospital, the following charges are prescribed for care and treatment in the hospital.

Private rooms:	
Per day	\$3. 25
Per week	22. 75
General wards:	
Adults:	
Per day	2. 75
Per week	19. 25
Children:	
Per day	1. 00
Per week	7. 00
Infants:	
Per day 50
Per week	3. 50
Major operations	50. 00-100. 00
Minor operations	10. 00- 50. 00
X-ray photographs	5. 00- 25. 00
Obstetrical delivery	25. 00
Use of operating room, major cases	5. 00
Use of operating room, minor cases	3. 00
X-ray, treatment, superficial	3. 00- 5. 00
X-ray treatment, deep	5. 00- 15. 00
Diathermy treatment	2. 00- 3. 00
Minor emergency service (U. O. R.)	2. 00
Urinalyses:	
(a) Routine chemical and microscopical	0. 00
(b) Phenolsulphonephthalein test	2. 00
(c) Mosenthal test	2. 00
(d) Bacterial examination	2. 00
Blood chemistry:	
(a) Sugar	3. 00
(b) Nitrogen complete	5. 00
(c) Sugar and nitrogen complete	7. 00
(d) CO ₂ combining power	5. 00
(e) CO ₂ and sugar	7. 00
(f) CO ₂ and nitrogen	8. 00
(g) Calcium	5. 00
(h) Phosphorus	5. 00
(i) Chlorides	5. 00
(j) Proteins	5. 00
Serum bilirubin:	
(a) Van den Bergh	2. 00
(b) Icterus index	2. 00
Serologic tests for syphilis	¹ 3. 00
Agglutination tests for typhoid, paratyphoid A & B	5. 00
Blood typing, with serology, with 5 donors	² 5. 00
Cytology:	
(a) Haemoglobin, cell counts	0. 00
(b) Sedimentation	2. 00

¹ Two for \$5.00.

² \$1.00 for each additional donor.

Spinal fluids:

(a) Serology test for syphilis.....	\$3. 00
(b) Serology test for syphilis with colloidal gold.....	7. 00

Body fluids:

(a) Bacterial culture.....	2. 00
(b) Bacterial culture with animal inoculation.....	10. 00
(c) Sputum smear.....	2. 00
(d) Autogenous vaccines.....	10. 00
(e) Blood culture.....	10. 00

Chemical and microscopic gastric analysis..... 5. 00

Chemical and microscopic feces analysis..... 3. 00

Pneumococci typing, sputum..... 3. 00

Microscopic tissue diagnosis..... 5. 00— 15. 00

Basal metabolism tests..... 5. 00

Routine clinic visits..... 1. 00

The Secretary of the Interior, however, reserves the right to increase or decrease the above-mentioned rates generally or in particular cases.

In the computation of the time for payment in each and every case, the day of admission into the hospital will be counted and the day of discharge therefrom excluded; payments to be made in weekly advances, except in those cases where patients enter the hospital for a definite number of days less than a week, in which case payments in advance for the number of days the patient expects to remain at the hospital will be received. Money received from this source will be deposited in the Treasury weekly.

No officer or employee of the hospital shall receive and retain for his personal use any fee collected from pay patients.*† [Par. 7, as amended Sept. 6, 1928]

401.7 Injured United States employees. Injured employees of the United States, beneficiaries of the Compensation Act of September 7, 1916 (39 Stat. 742; 5 U.S.C. Chapter 15), may be received at the hospital for treatment upon request of the proper officer of the United States Employees' Compensation Commission.*† [Par. 8]

(CROSS REFERENCE: For regulations of the United States Employees' Compensation Commission relating to the furnishing of medical treatment, see 20 CFR Parts 2, 22.)

RULES FOR PATIENTS

401.21 Property retained by patients. The hospital will not be responsible for any property retained by the patients. There is a safe in the office where money and all valuables can be deposited, for which when deposited a receipt will be given.*†† [Sec. XXXIV, Par. 4]

††The source of §§ 401.21 to 401.37, inclusive, is Regulations of the Freedmen's Hospital, Department of the Interior, 1926.

401.22 Visiting clergymen. When a patient desires the visit of a clergyman he must signify the same to the office, and such clergyman shall be notified, but his visit shall be confined to the person or persons desiring his services. The service shall be of such quiet character as not to injure or impair the safety of other patients.* [Sec. XXXIV, Par. 6]

401.23 Passes for patients. When desiring to go beyond the bounds of the hospital patients must obtain a pass from the interne

*†For statutory and source citations, see note to § 401.1.

of the ward and present it at the door of the hospital. Tuesday will be regular pass day. Passes on other days will be granted only for special cause, when they must be approved by the director-in-chief or one of his assistants.*† [Sec. XXXIV, Par. 7]

401.24 Overstay of pass. Patients who go out on a pass and remain beyond the time specified will be regarded as discharged, or make a satisfactory explanation to the director-in-chief or one of his assistants before they can return to their ward.*† [Sec. XXXIV, Par. 8]

OUT-PATIENT DEPARTMENT

401.31 Hours. This Department will be open daily except for such periods as may be for best interests of the service (Sundays and legal holidays excepted) and at such hours as the director-in-chief may determine.*† [Sec. XXXVI, Par. 1]

401.32 Prescription limitations. Limit of prescriptions—less than dram doses, 1 ounce; 2-dram doses, 6 ounces; 1-dram doses, 3 ounces.

Injections, liniments, washes, gargles, lotions, etc., shall not exceed the limit of 6 ounces.

Pills, capsules, and powders, according to dose, as in liquid medicines.

Ointments shall not exceed the limit of 4 ounces.*† [Sec. XXXVI, Par. 2]

401.33 Dispensary. The dispensary connected with this hospital is solely for the treatment of the indigent sick.*† [Sec. XXXVII, Par. 1]

401.34 Certificate of indigency. Each person before receiving treatment must be questioned respecting his or her ability to pay for treatment, and if the attending physician is not fully satisfied that such persons properly come within the class of indigent sick he shall require that they furnish a certificate from one of the physicians to the poor, or other social agency, or any registered physician, certifying that the applicant in question is unable to pay for treatment.*† [Sec. XXXVII, Par. 2]

401.35 Case records. When the attending physician is satisfied that an applicant is deserving of treatment a proper record of such case must be made. This must disclose the name of the patient, age, nativity, sex, race, symptoms, diagnosis, and treatment, and any other remarks with reference to the case deemed necessary.*† [Sec. XXXVII, Par. 3]

401.36 Order of treatment; revisits. No discrimination will be made in the character of the disease treated. All patients will be treated in the order of the application, having regard to the classification under which they come. All revisits of patients must be properly recorded.*† [Sec. XXXVII, Par. 4]

401.37 Bottles. All patients should provide a suitable clean bottle for their medicine. Only in exceptional cases will this bottle be furnished by the hospital.*† [Sec. XXXVII, Par. 5]

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